

A DESCRIPTIVE STUDY OF SIX HOSPITAL-  
BASED WELLNESS PROGRAMS IN OKLAHOMA

By

JULIE WYNNE RIERA

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BASED WELLNESS PROGRAMS IN OKLAHOMA

Thesis Approved:

*Mac Melum*  
Thesis Adviser

*James H. Rogers*

*Betty M. Edsley*

*Norman N. Durham*  
Dean of the Graduate College

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## CHAPTER I

### INTRODUCTION

Public concern about physical fitness, good nutrition, and avoidance of health hazards such as smoking has gone beyond a fad and has become a part of the American life-style. The growing public concern for the quality of life has led to a shift from the negative, illness-related concept of health to a more positive preventative approach to health and wellness.

Dwight Kalita (1977), a journalist who writes about medical issues, points out that nearly half of the American people (almost 100 million persons) suffer from some form of degenerative disease:

Over fifty percent of those degenerative diseases are heart related. Fifteen million are arthritis victims. Approximately 347,000 die from cancer. The U.S. Department of Human Services reports that 16 percent of the entire population is affected by allergies. According to hypoglycemia specialists, low blood sugar abnormalities are at epidemic stages in America. Our mental hospitals are now overcrowded, and the number of children now being classified as hyperactive, retarded and schizophrenic is steadily increasing. A few years ago when the population was 200 million, we Americans consumed 37,273,000 pounds of aspirin in one year. We also swallowed 1,541,000 pounds of tranquilizers, 836,000 pounds of barbiturates, and 4,037,000 pounds of penicillins that year. In 1974, the retail sales for a single tranquilizer called Valium were an astounding 550 million dollars (cited in Edlin & Golanty, 1982).



People used to be subject to a variety of diseases over which they had no control, such as diseases caused by bacteria, viruses, and parasites. These were the leading causes of death in the United States because modern sanitation, public health methods, and antibiotic drugs had not been developed. Since people did not have the considerable health knowledge we now possess, it was not possible for them to prevent many illnesses.

Today most of the serious illnesses are products of our lifestyle and thus are preventable. Our highly technological society causes a high amount of stress which can predispose people to stress-related diseases such as ulcers and hypertension. Most of the ten major causes of death in the United States, Canada, and other industrialized nations are chronic degenerative diseases which are, for the most part, related to lifestyle. Almost one million American deaths each year result from heart disease and diseases of the blood vessels. A sedentary lifestyle, emotional stress, high blood pressure, cigarette smoking, and obesity are all risk factors for heart disease (Edlin & Golanty, 1982).

Traditionally, we have depended on doctors to keep us well. But medically very little can be done to help someone afflicted with one of the chronic degenerative diseases. According to professor of community medicine William H. Glazier (1973):

The medical system of the U.S. is able to meet with high efficiency the kind of medical

problem that was dominant until about 40 years ago, namely infectious disease. It also deals effectively with episodes of acute illness and with accidents that call for advanced, hospital-based knowledge and technology. The system is much less effective in delivering the kind of care that is more often needed today: primary (first contact) care and the kind of care needed at a time when chronic illnesses predominate. They are the degenerative diseases associated with aging that can be characterized as man-made because they are associated with such things as smoking and environmental contaminants. For these diseases medicine has few measures and not even much comfort. (p. 13)

According to Edlin & Golanty (1982) by the time clear-cut symptoms of heart disease, cancer, diabetes, arthritis, or emphysema have developed, it is usually too late for medical therapy to reverse the disease process and restore normal functioning. The only effective way to deal with chronic and degenerative diseases is to prevent them, which in many instances involves improving living habits. In fact, Carpenter (1980) states that three-fifths of all hospitalizations could be prevented if people would choose more healthy lifestyles. Therefore, it is becoming more evident that more hospitals and more doctors are not going to solve the current health problems in the United States. It is important for the medical system to focus its efforts on prevention in addition to curative treatment, as lifestyle seems to be more important than medicine in health.

Even though it has been recognized by some that personal lifestyle adjustments are necessary for health, our society is still basically a consumer-oriented one in

which we have come to believe that health is something bought from doctors, hospitals, and insurance companies. People depend on the medical community and even the government to make medical decisions for themselves. Health, however, cannot be bought. It is the responsibility of all individuals to prevent illness and to know when it is necessary to seek medical intervention (Edlin & Golanty, 1982).

Wellness programs attempt to improve the quality of life of those it serves. Hospitals are appropriate settings for wellness programs since they have the essential facilities, equipment, and personnel.

#### Significance of the Study

Longe and Ardell (1981) state that "wellness is loosely defined at most hospitals, and programs reflect these broad interpretations, with offerings that range from one-shot informational activities to comprehensive initiatives that teach and support the adoption of positive health practices" (p. 116). Longe and Ardell (1981) also mention that even though only a few programs have actually integrated all of the principles of wellness and even fewer have a philosophy that goes much beyond the idea that wellness is the absence of illness, they are providing the public with valuable information and are forming the bases for well rounded wellness programs.

Not much was known about the hospital-based wellness programs in Oklahoma. This study provided a general understanding of the management and components of the programs in the state. The information presented is of value to hospitals wishing to plan and implement wellness programs in the future, to hospitals looking for new ideas and ways to improve existing programs, to students in the area of health who are wishing to prepare themselves for positions in hospital-based wellness programs, and to the community in informing them about the concept of wellness and what services are available.

#### Statement of the Problem

The primary purpose of this investigation was to describe six hospital-based wellness programs in the two major metropolitan areas of the State of Oklahoma, namely Oklahoma City and Tulsa.

#### Limitations

Data was collected by way of a questionnaire and through personal interviews with the director or representative of each wellness program.

#### Delimitations

Interviews were conducted for approximately sixty minutes with the director or representative of each hospital-based wellness program. This study was

delimited to wellness programs in six major metropolitan hospitals located in Oklahoma City and Tulsa, Oklahoma.

### Assumptions

The information provided was assumed to be accurate. It is assumed that the representative of each wellness program was knowledgeable about all aspects of the program.

### Definitions

Health. "Health is a state of complete mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1947, p. 29).

#### Wellness.

"An integrated method of functioning which is oriented toward maximizing the potential of which an individual is capable . . . within the environment where he is functioning (Dunn, 1961, p. 4-5).

Physical Fitness. "Physical fitness means an ability to handle the body well and the capacity to work hard over a long period of time without diminished efficiency" (Cureton, 1947, p. 18).

Stress. "The nonspecific response of the body to any demand made upon it" (Selye, 1974, p. 27).

Wellness Program. A program which attempts to improve the quality of life of its participants.

Program Component. Topics identified as essential properties of a healthy life-style.

## CHAPTER II

### REVIEW OF LITERATURE

#### Introduction

Wellness, as a concept and as a program is a new idea. To understand its current place in hospitals one must investigate its definitional base, the models portraying the definitions of the concept, and the programs that promote the concept. For application in hospital settings one must also explore the benefits derived from implementation of wellness programs and the components and services of these programs.

#### Wellness Definitions and Models

Wellness means different things to different people. The variation is observed in the definitions of wellness and other related terms.

Generally, definitions of health and wellness derive their basic concepts from the most quoted and criticized definition of health by the World Health Organization (1947): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p. 29). To expand upon that basic concept The Association for Holistic Health (cited in

Edelman & Mandle, 1986) has stated that "holistic health is more than the absence of illness," and has defined it as "the individual realization of continually higher expressions of health in body, mind, and spirit."

Since the term "health" leads many people immediately to think of disease and illness, the term "wellness" was deliberately coined by Dr. Halbert L. Dunn to differentiate the realm of disease from that of health promotion of human excellence (Patton, Corry, Gettman, & Graf, 1986). Dunn was a retired public health service physician, now considered the Father of Wellness. He first used the term wellness in the 1950's when he began lecturing and writing articles about an idea he called "high level wellness." Dunn (1961) defines high level wellness as:

. . . an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning (p. 4-5).

Patton, Corry, Gettman, & Graf (1986) state that the term "High-level wellness" is synonymous with the more familiar terms 'robust health', 'excellent health', and even simply 'health' (p. 24).

Ardell (1985) defines wellness as "a conscious and deliberate approach to an advanced state of physical and psychological/spiritual health" (p. 38). He stresses



that this is a dynamic, rather than a static, state of being.

Hettler (1983), Director of the Student Health Service at the University of Wisconsin, Stevens Point, has defined wellness as "an active process through which people become aware of, and then make choices toward, a more successful existence" (p. 31).

In a paper entitled York County Wellness, a definition of wellness for York County, Pennsylvania residents was prepared (cited in Bevan, 1985).

It [wellness] involves increased awareness of and decisions about improving the way we feel, think and act -- and acting upon these decisions. It is seeking quality in life and working toward that quality, in body, mind, and spirit. Wellness includes self-responsibility for health behavior, nutritional awareness, physical fitness, stress management, environmental sensitivity, and communication skills.

According to Ardell (1985) five elements of wellness commonly employed in wellness programs are self-responsibility, nutritional awareness, stress awareness and management, physical fitness, and environmental sensitivity. The University of Wisconsin Stevens Point Institute for Lifestyle Improvement organizes the major areas of a wellness lifestyle along six dimensions: social, emotional, spiritual, physical, occupational, and intellectual. Still another set of dimensions are employed by a commonly-used model at the Human Resources Institute in Morristown, New Jersey: safety and use of medical resources; tobacco, alcohol, and drug usage;

nutrition and weight control; exercise and physical fitness; stress and stress management; and human relations, self-development, and community involvement (Ardell, 1985).

Though the definitions and models vary from program to program, each wellness program has the same general underlying goal of promoting the quality of life.

#### Wellness Components

Wellness components identify different lifestyle behaviors essential to high-level wellness. Three commonly accepted components are physical fitness, nutrition and stress management.

The term "physical fitness" appears to have several meanings, but the following two examples should be representative of the general concept of physical fitness.

It appears that Astrand (1956, p. 307) and Darling (1947, p. 140) agree that "Fitness consists of the ability of the organism to maintain the various internal equilibria as closely as possible to the resting state during strenuous exertion and to restore promptly after exercise any equilibriums which have been disturbed."

Cureton (1947) provides a broader definition of physical fitness:

Physical fitness is a great deal more than freedom from sickness or passing a medical inspection. In addition to freedom from germinal or chronic disease, possessing good teeth, good hearing, good eyesight, and normal mentality, physical fitness means an ability to handle the body well and the capacity to work hard over a long period of time without diminished efficiency. (p. 18)

Although definitions of physical fitness differ, it is generally agreed that a physically fit person has the ability to do prolonged work. So it would seem that physical fitness may be primarily the fitness of the respiratory and cardiac systems.

Nutrition and weight control are key terms which describe this wellness component. Nutrition, as defined by Briggs & Calloway (1984) is "the science of food as it relates to optimal health and performance" (p. 2). Six general classes of nutrients essential to the body are: 1) carbohydrates, 2) fats, 3) proteins (amino acids), 4) vitamins, 5) minerals, and 6) water. A balanced diet from the four basic food groups should consist of calories distributed in the following categories: at least 50% complex carbohydrates, 20% proteins, and not more than 30% fats. Weight control is a balance between energy consumed in the form of food and energy expended in physiological processes and physical activity (Briggs & Calloway, 1984). An eating plan in conjunction with an exercise plan can be designed for individuals whether

their goals are weight loss, weight gain, or weight maintenance.

Stress awareness and stress management are components commonly included in wellness. Selye (1974) has defined stress as "the nonspecific response of the body to any demand made upon it" (p. 27). Stress is a chemical reaction within the body to daily events of life (Gherman, 1981).

Stress management, according to Gherman (1981), is a personal skill used by an individual to cope with stress. Some methods most commonly used in stress reduction programs are exercise, relaxation, time management techniques, and proper nutrition.

A spiritual dimension can be included in wellness. According to Edlin & Golanty (1982) "spiritual feelings and experiences--those which are not necessarily achieved by the application of logic and critical thought but which are more intuitive and subjective--can affect a person's state of wellness" (p. 18).

If one is to be healthy he must be able to function adequately in his environment. The environment includes "other persons; natural surroundings; and socio cultural, political and economic factors . . ." (Edelman & Mandle, 1986, p. 7). Diet, air and water pollution, occupational hazards, and cigarette smoking are environmental factors which are critical in the creation of disease (Edelman & Mandle, 1986).

Edlin & Golanty (1982) have identified habit control as a component of wellness. Smoking tobacco, alcohol consumption, and control of legal and illegal drug use are among the most common habits which deter from a healthy lifestyle.

Besides the three main components of wellness, physical fitness, nutrition, and stress management, there are a large number of terms for the other components concerning additional aspects of life as exemplified above.

#### Direction of the Wellness Movement

Ardell (1985) explains that wellness is presently a growth industry and it is expanding exponentially. At this time, however, most companies, hospitals, and schools do not have wellness programs. He adds that doctors fail to encourage their patients to learn about wellness and apply wellness concepts in their lifestyles.

Promoters of and participants in wellness lifestyles are mainly white, middle class, well-educated and basically "healthy" people. For this reason the impact of the wellness movement is limited but the outlook is promising (Ardell, 1985).

One of the future trends in wellness will be developments in wellness representing a shift of responsibility for health care from the professional health care system to the individual. Ardell (1985) lists some

anticipated developments in wellness and health promotion representing an increased emphasis on self-responsibility in the area of health care:

1) We can look for a trend away from high-tech, institutionally-based treatment in tertiary medical centers to increasing reliance on home remedies and personalized self-health initiatives consistent with maximum personal autonomy. 2) Alternative delivery systems and new contract approaches between employees and institutional providers will proliferate. Wellness may be built into many of these contracts. 3) Employers will become more aggressive and creative in their efforts to reduce health care costs. 4) Insurance benefits will be evaluated with respect to paybacks for non-utilization or reduced utilization. Expect incentives for wellness and support for improved versions of the Blue Shield "Stay Well" Plan. 5) The public will be given a double message: one about medical wonders; the other about the benefits of personal responsibility to lessen one's need for such wonders. (p. 50-51)

As mentioned previously, Ardell (1985) emphasizes that the major challenge faced in wellness is the need to make wellness information and wellness programs available and attractive to all sectors of society.

Another challenge, related to the one above, is to develop "health enriching values and behaviors that are entertaining, substantive, accessible, and appealing to those who need wellness the most" (Ardell, 1985, p. 52).

Ardell (1985) lists other challenges faced in wellness--reaching the healthy young and approaching cost containment through more health enhancement.

## Hospital-based Wellness Programs

### Program Benefits to Hospitals

Hospitals are redefining their role as providers of acute inpatient care. Hospitals are extending services to include being a community resource for health services and to providing services for people other than those with acute illnesses (Fleming, 1984). This allows hospitals to increase their revenue base and assure financial survival; achieve better use of existing resources through less costly methods of health care delivery; generate revenue from new sources such as business, industry, and non-ill members of society; achieve institutional goals; establish positive images; and generate substantial media exposure.

### Program Sites

Locations of hospital-based wellness programs vary. Some may be entirely located within the hospital building or on the grounds, while others are located in shopping centers, schools, or churches. Some programs may operate as a mobile unit delivering services and classes to work sites and other locations (Longe & Ardell, 1981).

### Program Facilities

Douglas (1980) lists fitness facilities common to hospital wellness programs: 1) indoor and outdoor jog-

ging tracks, 2) indoor and outdoor racquetball/handball courts, 3) swimming pools, 4) exercise room with isotonic and isokinetic gym equipment, treadmills, stationary bicycles, and exercise mats, 5) outdoor tennis courts, and 6) basketball/volleyball gymnasium, also to be used for group exercises. Other amenities might include: demonstration kitchen for nutrition classes, classrooms, a wellness library, lockers, showers and saunas, staffed nursery, refreshment bar, proshop, administrative office, and a reception desk.

#### Program Services

Program services tend to reflect program components. Carpenter (1980) identifies some of the more common services offered by hospital-based wellness programs:

- 1) Health Hazard Appraisal Program (identification and quantification of individual self-destructive behaviors), 2) preventive and rehabilitative cardiac clinic (treadmill testing and individualized prescription exercise regimen), 3) nutrition counseling, 4) sports medicine clinic (evaluation and rehabilitation for athletic injuries using advanced isokinetic exercise equipment), 5) selective multiphasic screening program (including limited laboratory services and pulmonary function and body composition tests), 6) behavior modification programs (weight control, smoking, and stress), and 7) low back pain program. (p. 150)

Wellness center professionals can also offer their expertise in the design, implementation, and supervision of on-site corporate fitness programs (Carpenter, 1980).



### Program Personnel

Most hospital-based wellness programs have a small number of employees and are further staffed with other hospital employees and professionals from the community. Many programs contract with local free-lance resource providers. The size of staff varies from as little as one full-time staff member to more than 90 part-time staff members (Longe & Ardell, 1981).

### Program Promotion

Fleming (1984) describes how promotion of hospital-based wellness programs has been accomplished: by holding hospital sponsored festivals, fairs, and clinics, which have included hospital exhibition, health risk appraisal, fun runs and walks, lectures, and fitness and stress testing. These events increase the hospital's exposure to the public.

### Program Funding

Funding for hospital-based wellness programs can come from the following sources: participant fees, private funding, hospital funds and donations. But hospital governing boards differ in respect to whether wellness programs should pay for themselves. The dominant opinion is that the programs should at least cover direct costs (Longe & Ardell, 1981).

## CHAPTER III

### METHODOLOGY

The primary purpose of this investigation was to describe the hospital-based wellness programs in the six major metropolitan hospitals located in Oklahoma City and Tulsa, Oklahoma. No formal hypothesis was advanced; rather, emphasis was placed on the description of wellness programs of the six hospitals: general information, population served, services offered, facilities, organizational structure/government, personnel, cost of program/funding, and promotion/marketing.

The descriptive method of research was selected because of the nature of the information that the investigator obtained through personal interviews using an interview guide.

#### The Instrument

In order to obtain the necessary data for the study, the questionnaire and interview methods were selected. The questionnaire (Appendix A) was mailed to the representatives before the interviews took place. The interview technique served the needs of the investigator by providing a means for obtaining information concerning

status, practices, opinions, and situations. In order to insure consistency from one interview to the next, an interview guide was constructed containing the questions asked the director or representative during the interview. Questions were asked exactly as they appear in the guide (Appendix B).

The preliminary questionnaire was developed by the researcher and was then submitted to Dr. Mac McCrory, an assistant professor at Oklahoma State University, for his comments and recommendations. In order to validate the instrument, it was distributed for review to authorities in the field of Health, Physical Education, and Leisure Services (Appendix D). Following this, the researcher developed a final draft of the questionnaire which was used in collecting the information for this study.

#### Collection of Information

Initial contact with each of the six wellness programs was accomplished by telephone. Appointments for interviews were made by telephone at a later date. This was followed with a letter to confirm the details of the interview (Appendix C) and an informed consent form (Appendix D), which was signed at the interview appointment.

The interviews took place at each wellness center so each program representative would have access to records

regarding requested information. Approximately one hour was allotted to explain the investigation and collect the necessary data from each individual interviewed. This time allotment and use of the instrument insured continuity, accuracy, and organization to most efficiently make use of the representatives' time. The interviews were conducted by this investigator during February 1988.

#### Reporting of Information

Information was tape recorded during the interviews. The information was transcribed from the tape to the instrument. The information obtained was reported in the format of a description for each hospital-based wellness program. The information related to the wellness program of each hospital was described as follows: general information, population served, services offered, facilities, organizational structure/government, personnel, cost of program/funding, and promotion/marketing.

## CHAPTER IV

### RESULTS AND DISCUSSION

#### Introduction

The purpose of this investigation was to describe the hospital-based wellness programs in six major metropolitan hospitals located in Oklahoma City, Oklahoma and Tulsa, Oklahoma.

This study was descriptive in nature. The findings are based upon the information gleaned from a questionnaire and interview with a representative from each hospital-based wellness program.

#### Description of Wellness Program "A"

##### General Information

Wellness Program "A" was founded in 1978. It originally evolved out of the beginning of the outpatient cardiac rehabilitation unit in the hospital. This unit was one of only seven or eight in the nation at that time. Wellness Program "A" was a natural outgrowth of the outpatient cardiac rehabilitation unit as it was able to make good use of the same facilities and equipment.

The representative defines wellness as "a state of optimal well-being that includes physical, emotional, and spiritual development."

#### Population Served

Wellness Program "A" was first opened to businesses that were associated with the hospital, mostly through board members and banks. Later services were made available to the community, and the program began to grow from there.

Within the community, Wellness Program "A" targets the middle to older adult population, people who are unfit and do not exercise, and special populations who want a safe place to exercise. At Wellness Program "A," programs are developed with special target populations in mind.

A total of 1,200 individuals received wellness services through Wellness Program "A" in 1987. It was estimated that 70% of the people served came from the community, 25% were hospital staff, and less than 5% came from corporations/industry.

#### Services

Services offered to the individuals that participated in the program in 1987 are listed below. Since many new members were taken in throughout 1987, the num-

bers of participants shown below reflect an average for the year.

- Clinical tests were provided on a daily basis to a total of 750 participants for a cost to the participant of \$35.00 to \$50.00.
- Rehabilitative cardiac clinics were held daily for a total of 150 individuals at a cost of \$36.00 per visit.
- Nutrition counseling was provided on a daily basis for a total of 200 individuals at a cost of \$15.00 per consult.
- Weight control classes were held quarterly serving 50 individuals at a cost of \$250.00 each.
- Aerobic dance classes were held daily for a total of 3,500 participants. Classes were held free of charge to members and the fee varied for non-members.
- Pulmonary rehabilitative services were held on a daily basis for a total of 50-75 individuals at a cost of \$5.00 per visit or \$40.00 per month.
- Memberships were held by 750 individuals.

Most clients of Wellness Program "A" are members of the fitness center. The attrition rate among members is very low; the retention rate is approximately 96% to 97%.

All members of Wellness Program "A" receive individual fitness evaluation testing. This testing consists of medical history, body composition, flexibility, muscle strength and endurance, blood pressure, height and weight, and an orthopedic assessment. Submaximal stress testing will be included in the near future. Field testing, which is the same as submaximal stress testing, is done in the cardiac rehabilitation portion of the program.

The weight control class was developed by the Director of Development and a dietitian from the Clinical Dietetics Department of the hospital. The class was administered by Wellness Program "A" from 1983 to 1986. In 1987 the program was transferred to the Clinical Dietetics Department. However, the exercise classes for the weight control program are still held at the wellness program's facility. Smoking cessation classes were also administered by Wellness Program "A," but have been transferred to another department within the hospital.

Sixty percent of the participants of the weight control classes finished all twelve weeks of the program. It is difficult to measure success of a weight control program, however, the representative of Wellness Program "A" feels that one criteria for determining the success of the program is word of mouth--all classes at Wellness Program "A" have been filled by virtue of positive word of mouth.

The success rate of the smoking cessation program was 34% for 1984 and 40% for 1985. Success was determined to be complete abstinence after one year.

#### Facility Data

When Program "A" originally opened its doors its facility had approximately 7,500 square feet. Since then the program was moved into another facility in which



space was leased for a number of years. Recently the entire facility was purchased by Program "A."

The facility for Wellness Program "A" now has a total of 19,500 square feet and is located adjacent to the hospital. The following are amenities of the facility:

- 390 foot indoor jogging track
- 1/4 mile outdoor jogging track
- 2 indoor racquetball courts
- 8,000 square foot exercise room containing Nautilus, Universal, and Cybex (Eagle) gym equipment, 8 Quinton treadmills, 14 Schwinn stationary cycles, a rower, a Nordic ski machine, and an upper body ergometer.
- 4 outdoor tennis courts
- half court basketball
- 2,000 square foot padded/carpeted group exercise area
- 5 showers for males, 2 showers for females; sauna, whirlpool, and lockers for males and females
- 2 classrooms with a capacity of 15-30 persons
- pro shop

Future plans are to enlarge the locker room, add a swimming pool, and to enlarge exercise floor space. Computerization will take place soon. More staff is needed to accommodate new members.

#### Organizational Structure/Government

Figures 1 and 2 show the organizational structure of the staff of Wellness Program "A."

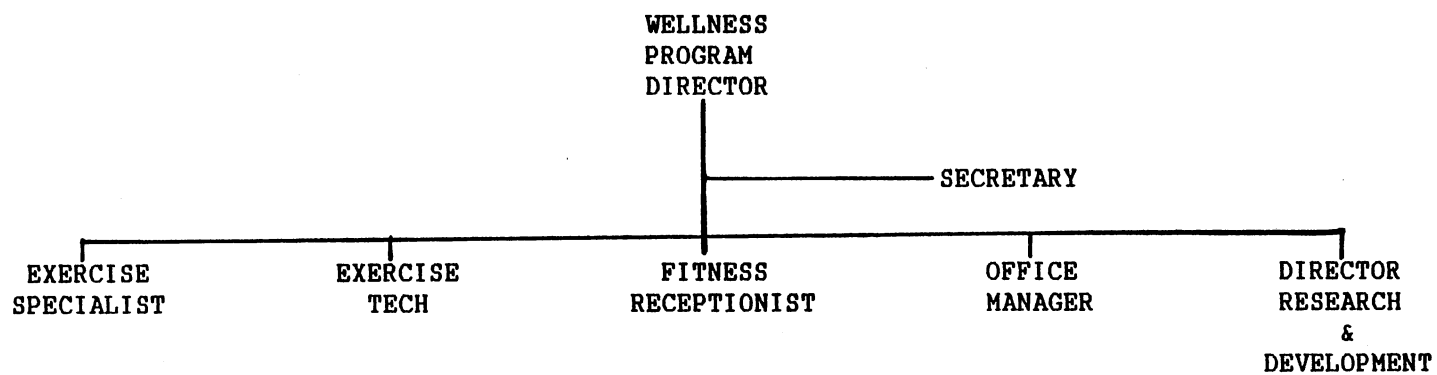


Figure 1. Organizational chart of staff of Wellness Program "A's" fitness center.

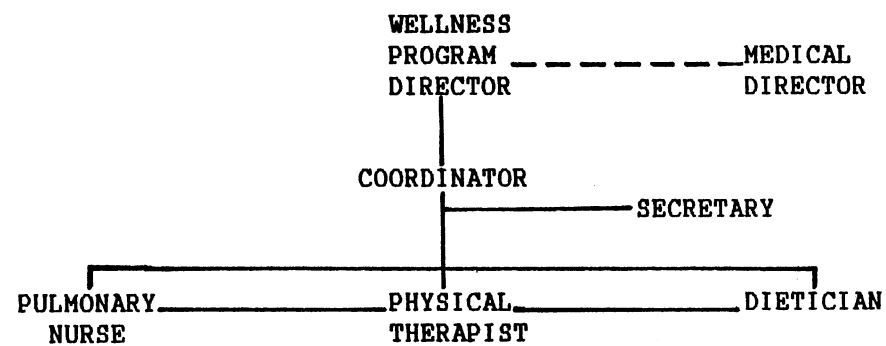


Figure 2. Organizational chart of the staff of Wellness Program "A's" cardiac rehabilitation unit.

## Personnel

### Core staff

- 1 half-time Director whose full-time annual salary range is \$35,000-\$45,000
- 1 full-time Director of Research and Development whose annual salary range is \$20,000-\$30,000
- 1 half-time Supervisor of Business Services whose full-time annual salary range is \$15,000-\$19,000
- 1 full-time and 1 part-time Exercise Specialist whose annual full-time salary range is \$16,000-\$20,000
- 2.1 full-time and part-time Fitness Technicians whose full-time annual salary range is \$11,000-\$15,600

### Personnel from other areas of hospital

- 1 Director of Rehabilitation; spends 50% of time in wellness program; annual full-time salary range is \$35,000-\$45,000
- 1 Supervisor of Business Services; spends 50% of time in wellness program; annual full-time salary range is \$15,000-\$19,000
- 1 Cardiopulmonary Supervisor (nurse); spends 50% of time in wellness program; annual full-time salary range is \$20,000-\$30,000
- 1 Physical Therapist; spends 10% of time in wellness program; annual full-time salary range is \$20,000-\$30,000
- 1 Dietitian; spends 20% of time in wellness program; annual full-time salary range is \$18,000-\$25,000
- 1 Pulmonary Specialist (nurse); spends 10% of time in wellness program; annual full-time salary range is \$20,000-\$30,000
- 1 Social Worker; spends less than 10% of time in wellness program; annual full-time salary range is \$20,000-\$30,000

Consultants

- 1 Prenatal Exercise Instructor; spends 8 hours per month in wellness program; wage is \$12.00 per hour
- 7 Aerobics Teachers; spend a total of 70-80 hours per month in wellness program; wage is \$10.00 per hour

Student interns

- 1 undergraduate; spends 32-160 hours per month in wellness program; receives no stipend

Volunteers

- 1 Receptionist; time spent in wellness program is variable--16-80 hours per month

Cost of Program/Funding

The estimated annual budget for Wellness Program "A" is \$354,000. More than 90% of income is generated by client fees. According to the representative, this is a greater percentage than commercial clubs which have about a 75% to 80% fee driven bottom line for the activity program. Before enlargement of the facilities at Wellness Program "A," it was not possible to generate enough income from client fees to cover the entire budget. Since the expansion of the facility, the goal is to have a profit-making situation sometime in the future. At this time, the mission of Program "A" is not to diversify products to off-site centers. It is the opinion of the

program representative that as Wellness Program "A" fills up its facility and reaches a certain financial stability that diversification of products will be taken into consideration.

#### Promotion/Marketing

The total marketing/promotion budget for 1987 was \$15,000. Promotional activities sponsored by Wellness Program "A" are an annual run, a running club, and a heart club. Membership referrals, price discounts and incentives, newspaper articles, word of mouth, physician referrals, and direct mail are marketing strategies that have been effective in promoting Wellness Program "A." Television advertising, however, has not been an effective strategy.

Wellness Program "A" takes pride in selling fitness center memberships and the "tender loving care" that goes along with a monitored exercise program. Since the program is reaching full capacity again the representative sees no reason to invest much money in advertising until ready to take products outside of the facility.

#### Relationship/Competition with Other

##### Hospital-Based Programs

It is the opinion of the representative from Wellness

Program "A" that the relationship among hospital-based wellness programs and among hospitals is very complex. Because Wellness Program "A" is hospital-based, what is done in the program is intricately woven into what the hospital does in some areas. The representative considers anything that another hospital does, which operates close to the same service area, as competitive. However, the representative sees this as competition for image more so than competition for dollars.

For dollars and for members, Wellness Program "A" sees itself in competition with commercial fitness centers. Fitness centers are defined by membership and service area. Most fitness centers operate within approximately a five mile service area. A hospital-based wellness program is different if it targets specialized populations. At Wellness Program "A" specialized populations are sought out for which no other services are made available from other hospitals.

#### Description of Wellness Program "B"

##### General Information

The representative for Wellness Program "B" defines wellness as a "program that addresses exercise, diet, injury, rehabilitation, goal setting, and behavior modification."

Wellness Program "B" was opened in the fall of 1983. The idea for Wellness Program "B" was originally conceived by a physician who had always wanted a sports medicine clinic that did "everything," not just sports medicine. The hospital affiliated with Wellness Program "B" offered this physician a chance to practice at the hospital and offered him the office space where Wellness Program "B" is located now.

Wellness Program "B" is organized as a center for the research, diagnosis and treatment of physical injuries relating to athletic activity and competition. The program is designed to specialize in the discipline of sports medicine, a subspeciality of orthopedics developed as a result of the number and complexity of physical injuries resulting from athletic activity.

Wellness Program "B" recognizes that professional, amateur, and recreational athletes have unique sets of problems relating to prevention, injury, and rehabilitation requiring diagnostic, surgical and therapeutic expertise. The program is committed to providing a comprehensive program necessary to assure prevention, acute care and rehabilitation to all persons with existing or potential athletic injuries.

#### Population Served

About 6,000 individuals were served by Wellness



Program "B" in 1987. Of those 6,000 individuals, approximately 50% were hospital staff, 25% were from the community, and 25% were from corporations/industry. Marketing studies show that most participants of Wellness Program "B" are between the ages of 25 and 50 years old and are in the middle to upper income group. However, the representative of Wellness Program "B" feels that specialized groups are targeted also. For example, aerobics classes are available for pregnant women and for the elderly. Athletic training programs are directed towards coaches in the schools in order to get the students to participate in sports injuries clinics and sports evaluations.

### Services

Services offered to the individuals that participated in the program in 1987 are listed below. Numbers are approximate.

- A screening program was provided on a daily basis to a total of 180 participants at a cost to the participant of \$90.00 to \$325.00.
- Treadmill tests were done for 175 individuals at a cost of \$90.00 each.
- Rehabilitative cardiac clinics were held weekly for a total of 1,500 individuals at a cost of \$45.00 each.
- Sports medicine clinics were held weekly for a total of 2,000 individuals at a cost of \$50.00 each.
- Weight control classes and cholesterol control classes were held for corporate clients at a cost of \$360.00 per set of classes. Approximately five classes were

held per week. Another entity under the same corporate umbrella provides stress management, smoking, cessation, and weight control classes at another site.

- Aerobic dance classes were held on a daily basis for approximately 100 participants at a cost of \$30.00 per month. Classes were held at another site.
- Services are provided for a few corporations. Evaluations are done at the facility of Wellness Program "B" at a cost of \$325.00 per individual. Further consultations are done at the work site.
- Fitness memberships are held by 220 individuals at a cost of \$180.00 annually. Facilities are open for use Monday through Saturday.
- During football season, Saturday morning injury clinics are held, specifically for high school athletes injured in Thursday or Friday night games, at a cost of \$25.00 per visit.
- A basic skills workshop for aerobic instructors will be held at least three times in 1988 at a cost of \$45.00 per participant. It is estimated that approximately 15 individuals will attend each workshop.
- An aerobic instructor certification workshop will be held at least three times in 1988 at a cost of \$225.00 per participant. It is estimated that approximately 18 individuals will attend each workshop.
- A fitness instructor certification workshop will be held at least twice in 1988 at a cost of \$225.00 per participant. It is estimated that approximately 11 individuals will attend each workshop.

At Wellness Program "B" it is believed that the key to fitness is a healthy lifestyle. Therefore, fitness evaluations are based on this principle. The fitness evaluations assess one's current health status, fitness level and fitness goals. With this information, a lifestyle plan is designed by a staff of health care professionals to meet the needs of each individual.

Evaluations are of two types. The Type I fitness evaluation assesses the fitness level in persons under age 35 without cardiovascular risk factors such as high blood pressure, high cholesterol, smoking and overweight. A detailed health, exercise and diet history is obtained from each individual prior to the evaluation. During the evaluation, which requires one hour, an exercise physiologist examines the following parameters: height/weight, body composition, muscular endurance, muscular strength, flexibility, low back screening, sub-maximal exercise test, computerized nutritional analysis.

After completion of testing, a follow-up visit includes an in-depth conference to review the exercise prescription and test results, discuss their significance and outline a lifestyle plan to meet the individual's needs. An exercise specialist will then guide each person through the initial exercise session.

The Type II fitness evaluation is more comprehensive and is recommended for persons over age 35 or those who have cardiovascular risk factors. In addition to the components outlined in the Type I evaluation, the Type II also includes the following services: physical examination, blood analysis (Chem 25 and lipids), pulmonary functions, exercise tolerance test, exercise prescription, and nutritional counseling for health and weight control.

Each individual's health history, exercise tolerance test, and other results are reviewed by a physician with Wellness Program "B." The individual and his personal physician (upon request) may receive a complete report of all test results.

Limited membership is available to the fitness center at Wellness Program "B" which allows access to exercise equipment, showers, locker rooms and sauna during operating hours. A fitness evaluation is required prior to becoming a member of the fitness center. Exercise and diet programs are supervised by the staff of Wellness Program "B." Members are re-evaluated after three months at no additional charge. The program representative estimated the attrition rate among fitness center members to be 40% to 50%.

Wellness Program "B" has also developed a series of tapes especially designed to help one learn how to prevent sports injuries, come back after an injury, get ready for a game, get in shape and maintain one's level of body health. These tapes are available in a free library of health-related tapes which can be accessed by telephone.

#### Facility Data

The main facility for Wellness Program "B" now has a total of 5,000 square feet and is located adjacent to the

hospital. The facility has been in the same location since its inception, but space has gradually been added. Health promotion services and aerobic dance classes are each housed at two locations separate from the main facility. The following are amenities of the main facility:

- 1,000 square foot exercise room containing, Nautilus, Universal and free weight gym equipment, 1 Quinton treadmill, 6 stationary cycles, 1 rower, and 1 cross country ski machine
- 600 square foot carpet-over-concrete exercise area
- a staffed nursery with total capacity of seven children
- 2 showers for males, 2 showers for females, 1 sauna, and a total of 32 lockers
- 300 square foot laboratory equipped with treadmill, EKG machine, pulmonary analyzer and crash cart

Future plans are to add more space in order to add more patient rooms and enlarge the fitness center, the casting/orthotics space, physician space, and office space. Also, Wellness Program "B" will be starting a satellite facility in a small town nearby which will be used for testing.

#### Organizational Structure/Government

Figure 3 shows the organizational structure of the staff of Wellness Program "B."

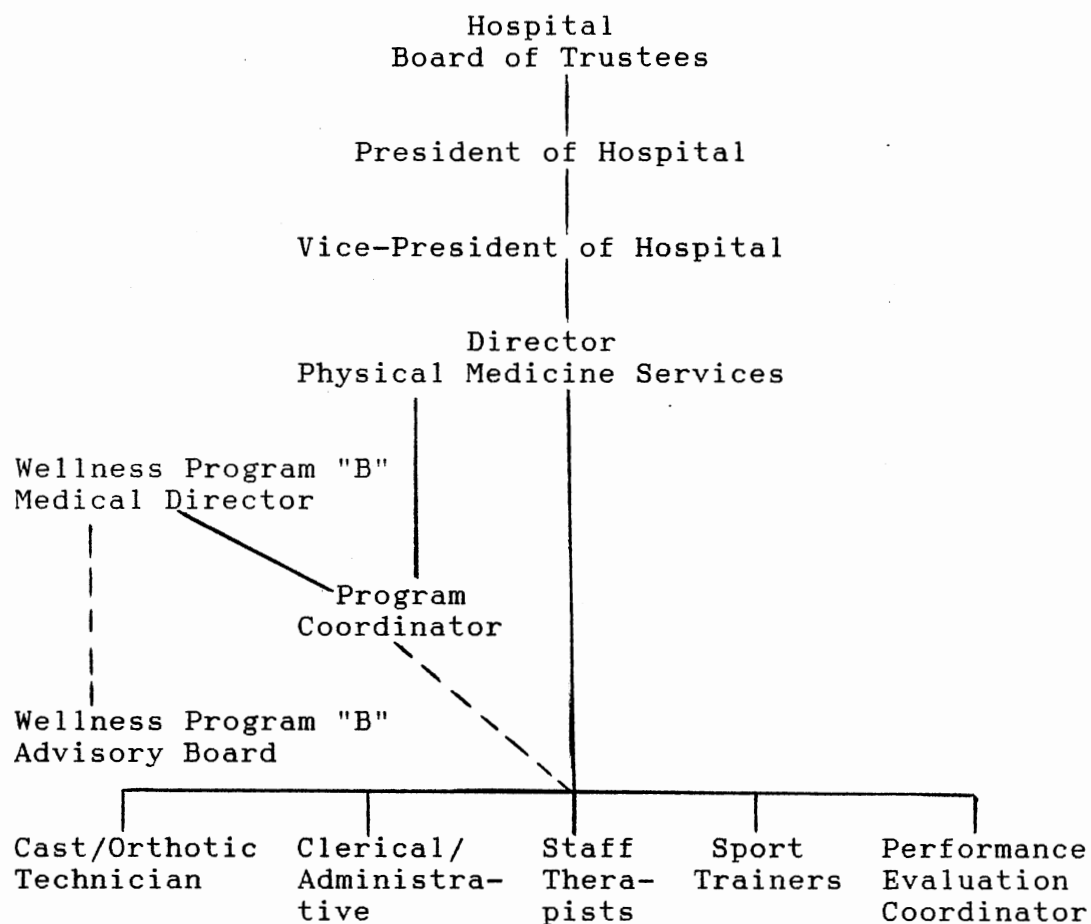


Figure 3. Organizational chart of the staff of Wellness Program "B."

### Personnel

#### Core staff

- 1 full-time fitness coordinator; possesses a masters degree and American College of Sports Medicine (ACSM) certification; \$25,000-\$35,000 annual salary range
- 1 full-time Certified Athletic Trainer; \$25,000-\$30,000 annual salary range
- 2 full-time Registered Physical Therapists/Certified Athletic Trainers; \$27,000-\$35,000 annual salary range
- 1 full-time registered dietitian; \$9.00-\$10.00 per hour wage

- 2 full-time secretaries; \$13,000-\$15,000 annual salary range
- 1 part-time fitness aide; no degree required--may be student; \$5.00 per hour wage
- 1 part-time aerobic coordinator; \$7.00-\$9.00 per hour wage
- 15 certified aerobic instructors; \$12.00-\$15.00 per class wage

#### Consultants

- 1 cardiologist; works 3-5 hours per month in Wellness Program "B"; \$80.00 per consult
- 1 internist; spends 15-20 hours per month in Wellness Program "B"; wage information not available

#### Student interns

- 3 student interns; spend 160 hours per month in Wellness Program "B"; \$25.00 per week stipend

#### Volunteers

- 2-3 volunteers; number of hours per month varies

#### Cost of Program/Funding

The estimated annual budget for Wellness Program "B" is \$450,000. Wellness Program "B" is a for-profit organization, therefore, one hundred percent of the income is generated by client fees.

#### Promotion/Marketing

The total promotion/marketing budget for 1987 was \$32,000. Promotional activities sponsored by Wellness

Program "B" are health fairs, state games, and certification workshops. Membership referral programs, word of mouth, presentations, and television and billboard advertising have been effective marketing strategies for Wellness Program "B" with word of mouth and presentations being the most successful. Whereas, price discounts and incentives, newspaper advertising, physician referrals, and direct mail have not been effective in marketing the program. The advertising is done by the public relations department within the hospital and promotion is handled within Wellness Program "B."

#### Relationship/Competition with Other Hospital Based Wellness Programs

The representative does see Wellness Program "B" in competition with other local hospital-based wellness programs.

#### Description of Wellness Program "C"

##### General Information

Wellness Program "C" was founded in 1982. It originally began as a very small program in the hospital which consisted mainly of cardiac rehabilitation. Then pulmonary patients were incorporated into the program. From that the wellness program was developed.



The representative did not provide the researcher with a definition of wellness.

Wellness Program "C" has two locations within the same metropolitan area. It is a wellness and fitness club supervised and supported by the medical personnel of the hospital. The program reflects hospital "C's" commitment to health education, physical fitness, exercise and preventive medicine.

The primary purpose of the Department of Health Promotion, within Wellness Program "C," is to establish new and strengthen existing relationships between Hospital "C's" medical community and the metropolitan area by providing appropriate health education classes, programs, and activities. All health promotion efforts are designed to demonstrate to the community that Hospital "C" is interested in promoting healthy lifestyles by providing the resources to establish and maintain healthy lifestyles.

Another goal is to provide support to the medical staff of Hospital "C" by providing cost-effective programs that will enhance their private practices. The ultimate goal is to assist individuals, organizations, and physicians conserve health care dollars.

#### Population Served

Approximately 1,500 individuals received wellness

services through Wellness Program "C" in 1987. Of those 1,500 individuals, approximately 50% were from the community, 30% were from corporations/industry, and 20% were hospital staff.

Corporations in the vicinity of Wellness Program "C's" two locations are the primary target population. Specific zip code areas of the community are targeted also. Even though programs for special populations are available, those programs are not specifically geared to attract those persons. The target population is based upon geographical proximity to the two locations.

### Services

Services offered to the individuals that participated in the program in 1987 are listed below.

- A screening program was provided on a daily basis to a total of 654 participants at a cost of \$95.00 to \$600.00.
- The application/membership fee for a single person was \$50.00, \$75.00 for a family, and \$0.00 for corporations. The monthly program fee for the single membership was \$40.00, \$32.50 for corporate membership, \$65.00 for family membership (two adults living under the same roof), and \$10.00 for each additional child under the family membership.
- Preventive and/or rehabilitative cardiac clinics were held 3 times per week for a total of 160 individuals at a cost of \$29.00 per session.
- Nutrition counseling was held upon demand for a total of 91 individuals at a cost of \$34.00 per session.
- Stress management classes were held twice a year for the community and were held upon demand for corpora-

tions. One hundred individuals participated at a cost of \$50.00 each.

- Weight control classes were held for a total of 187 participants at a cost of \$95.00 for nonmembers of the program.
- Smoking cessation classes were held bi-monthly for the community and were held upon demand for corporations. Six hundred individuals participated at a cost \$145.00 each.
- Aerobic dance classes were held on a daily basis. Information regarding cost was not provided the author.

All fitness center members are required to have a fitness evaluation. The evaluations are of three types. Type I is a physical fitness evaluation and risk factor screening without physician supervision. This evaluation costs the participant \$95.00. It is designed for persons under age 35 who do not have any of the following cardiac risk factors:

- history of high blood pressure (over 145/95)
- cholesterol over 225
- tobacco use
- history of a family member with heart disease under age 50
- previous abnormal resting electrocardiogram
- previous known heart disease
- diabetes

The type I assessment includes:

- blood pressure
- height/weight
- body fat (skinfolts)
- abdominal strength
- hamstring flexibility
- low back education
- maximal graded exercise test (GXT)
- cardiac lipid profile (cholesterol, triglycerides, HDL and LDL cholesterol)
- fitness report and orientation
- results sent to physician
- progress check

Type II is a physical fitness evaluation and risk factor screening with physician supervision designed for people over age 35 who are apparently healthy and for those under age 35 with one or more of the above risk factors. A referral is required for those people who currently have a personal physician or for those who are taking prescription drugs or for those who wish to have results sent to their personal doctor. The cost of this evaluation \$195.00.

In addition to the tests included in the type I, the type II fitness assessment includes:

- physician supervised/interpreted GXT
- limited cardiopulmonary exam
- private consultation

Type III is a physical examination, physical fitness evaluation, and risk factor screening designed for persons who do not have a personal physician and who wish to become established as a patient of a physician on staff at the hospital. The physical exam component is performed in the physician's office. The laboratory and fitness tests are conducted in Wellness Program "C." The degree of testing depends on the person's age, sex, and health history. The cost varies from \$400.00 to \$600.00.

In addition to the tests included in the type II assessment, the type III assessment includes:

- GXT with metabolic measurements
- cardiac risk profile
- complete physical exam in the physician's office
- complete lab (SMA 20, urinalysis, complete blood count)

- pulmonary function
- wellness book

The following is a listing of optional tests that are provided by Wellness Program "C."

- underwater weighing for most accurate percentage of body fat determination (\$25.00)
- metabolic measurements with GXT (\$20.00)
- pulmonary function: recommended especially for smokers (\$15.00)
- nutrition consult (initial \$27.00/follow-up \$17.00)
- resting metabolic measurement (only available with nutrition consult) (\$45.00)

For corporate members, some services are provided at the work site and some are provided at the program facility.

The following series of wellness programs are available throughout the year from the health promotion department: smoking cessation, a back school, weight management, cardiopulmonary resuscitation, diabetes education, parenting skills, eating disorders, family planning, stress management, healthy eating, and chemical dependency information hour.

The smoking cessation program, developed by a team of psychologists, is a complete behavior management program that uses personal stress management and nutritional awareness to help smokers stop smoking. It has been very successful. The success rate, according to the program representative, is in line with national standards.

A back school offers lectures, slide presentations, nutrition instruction and exercise sessions for those suffering from lower back pain, or those that would like to learn how to prevent back trouble.

Nine sessions are held on weight management designed to teach one how to break the diet and weight gain cycle. It is promoted as a healthy, sensible approach to permanent weight loss with no gimmicks, pills, fads or strenuous exercise. Instead this approach is intended to offer the participant self-awareness, fitness, nutrition and ways to manage stress. The objective is to learn how to develop a lifestyle that gives one total control over their weight.

Cardiopulmonary resuscitation training is offered to teach one how to recognize a heart attack and how to respond to cardiac arrest.

An eight hour course on diabetes education is led by doctors, nurses, and dietitians who are specialists in diabetes. The idea is that the more a diabetic knows about his disease, the more he can control it.

A family oriented series of classes is offered which teaches important parenting skills, no matter the age of the child.

The National Association of Anorexia Nervosa and Associated Disorders, an eating disorders self-help group,

is affiliated with the Eating Disorders Unit of hospital "C." Meetings are held monthly in the hospital.

Professional, certified instructors provide private consultations in a natural family planning method, the ovulation method.

Stress management is designed to show one, step by step, how to recognize, control and constructively channel stress in any situation.

Healthy eating is the theme of a program on nutrition and food preparation offered by Wellness Program "C." The program is directed by a registered dietitian who offers individual nutrition consultation in weight management and presentation on nutritional topics to business and civic organizations.

A free chemical dependency information hour is provided monthly for the community at hospital "C."

Aerobics classes are offered from 6 a.m. to 6 p.m. for every level of fitness: beginning, intermediate and advanced. There are also flexibility and muscle conditioning classes, nonimpact aerobics and aerobics for pregnant women.

In Wellness Program "C's" determination to stay apprised of the needs of its members, sports medicine services are now being offered. A program is being established by which prevention, care, treatment and education of injuries is being extended to members. The mission of

the sports medicine program is to first educate the member on ways to prevent injuries. If an injury does occur it will be evaluated as to the severity and extent. From there suggestions will be given for care and treatment, and if need be, referral to a specialist or one's personal physician. This service is not designed to replace a physician's professional diagnosis and prescription, but can best be used as an initial step of assessment.

#### Facility Data

The main facility for Wellness Program "C" has a total of 17,447 square feet and is located adjacent to the hospital. In the beginning, the program was located in the hospital building. Approximately four or five years ago the program was moved to its present main location adjacent to the hospital. Then the second location was opened off site. The following are amenities of the main facility:

- 1/18 mile indoor jogging track
- exercise room containing isotonic and isokinetic gym equipment, 8 Precor and Trotter treadmills, 13 Schwinn stationary cycles, 2 stairmasters, and 2 Precor rowers
- 400 square foot suspended wood group exercise floor
- 4 showers for males, 2 showers for females, 2 whirlpools, and lockers
- laboratory containing water tank, treadmill, Quinton EKG monitor, stationary bicycle, metabolic cart, spirometer, and vision lab
- 3 classrooms with capacity of 50 persons



- cooking demonstration kitchen with capacity of 36 persons
- pro shop carrying a complete line of clothing, shoes, racquets and other sporting goods
- food service bar

Future plans are to move the program to a freestanding facility.

#### Organizational Structure/Government

Figure 4 on the following page shows the organizational structure of the staff of Wellness Program "C."

#### Personnel

##### Core staff of wellness program "C"

##### adjacent location

- 1 full-time Program Manager for Clinical Services; possesses masters degree
- 1 full-time Program Manager for Research and Development; possesses masters degree
- 1 full-time Program Manager for Member Relations; possesses bachelors degree
- 4 full-time Exercise Specialists
- 1 full-time R.N. Specialist
- 1 full-time Pro Shop Manager
- 2 full-time Nutritionist Hosts
- 3 full-time Clerks
- 1 full-time Office Coordinator
- 1 full-time Exercise Technician
- 2 Housekeepers

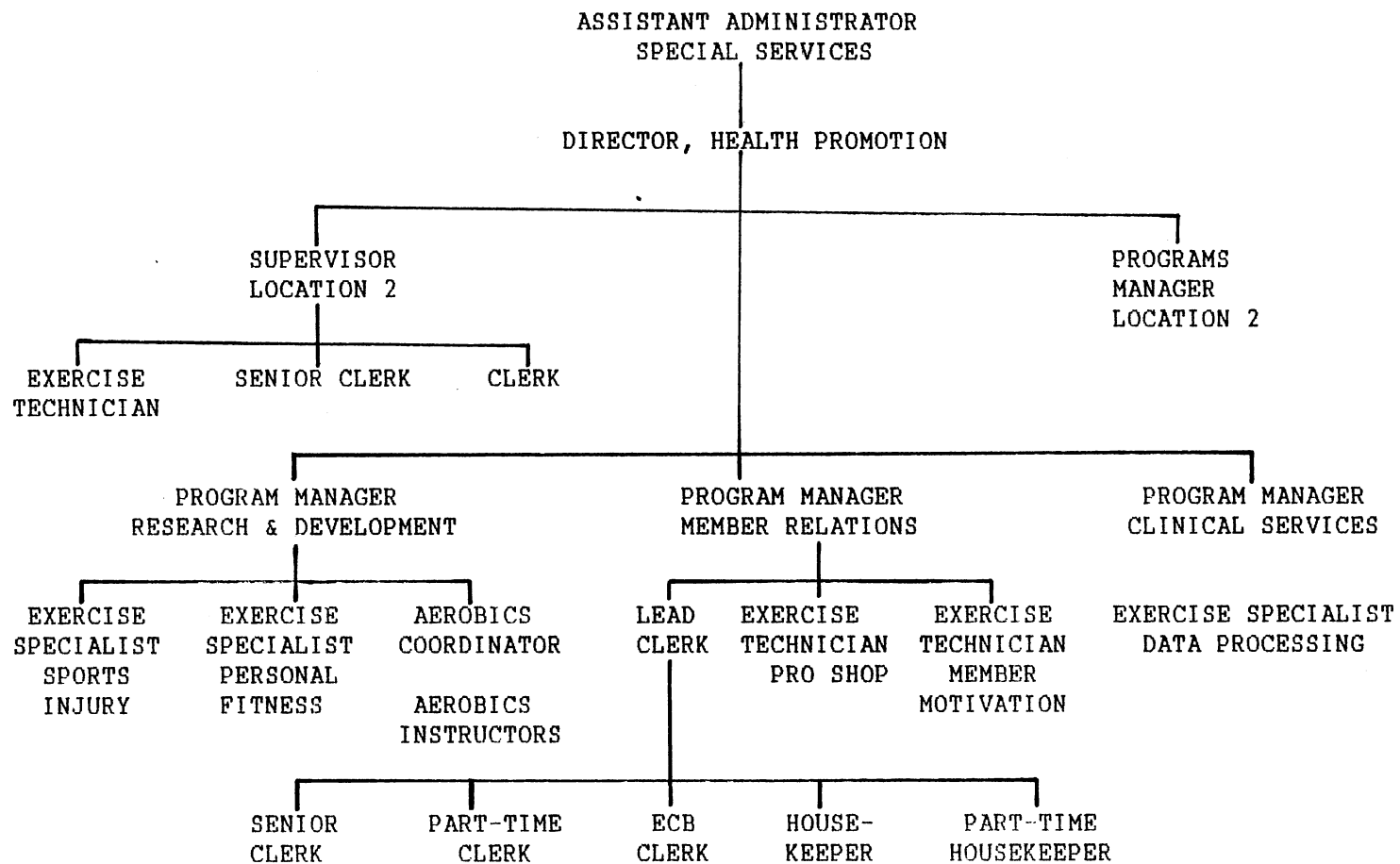


Figure 4. Organizational chart of the staff of Wellness Program "C."

Core staff of wellness program "C"  
off site location

- 1 full-time Exercise Technician
- 1 full-time Exercise Specialist
- 2 full-time Clerks

Core staff of health promotion department of wellness program "C"

- 1 full-time Data Processing Clerk
- 1 full-time Health Instructor
- 1 full-time Staff Secretary
- 1 full-time Health Promotion Consultant
- 1 full-time Programs Manager

Student Interns

- 1 undergraduate; no stipend

Cost of Program/Funding

The estimated annual budget for Wellness Program "C" is \$2,012,500 with \$120,000 of the total allocated to the Health Promotion department. Approximately 75% of the income is generated by client fees.

Promotion/Marketing

Information regarding the total marketing/promotion

budget for 1987 was not available.

Among the various promotional activities sponsored by Wellness Program "C" are bike rides, runs, and corporate and community health fairs. Membership referrals, price discounts and incentives, newspaper advertising, word of mouth, physician referrals, direct mailings, and community talks have been effective marketing strategies for Wellness Program "C." Word of mouth, however, seems to generate the most members.

#### Relationship/Competition with Other Hospital-Based Programs

According to the representative, the other hospital-based programs in the area are different in that they either do not have a facility or they approach wellness in a different way and they have different marketing strategies. Also, due to their locations, the same populations are not targeted. Taking this into consideration the representative of Wellness Program "C" does not perceive any head-to-head competition among hospital-based wellness programs. The representative also does not see the program in direct competition with commercial fitness centers since those people that participate in Wellness Program "C" do so because they want a medically oriented program.

## Description of Wellness Program "D"

### General Information

The representative of Wellness Program "D" defines wellness as "optimal functioning of the physical and mental systems, and their interaction."

Wellness Program "D" was founded in 1984. Before this time, however, the institution associated with Wellness Program "D" did not want to have any wellness or fitness program since the philosophy of the hospital was that the hospital is for sick people, and healthy people can go to commercial programs to exercise. However, the hospital is self-insured and in order to launch their insurance plan one of the criteria was that it had to have a wellness program. Therefore, the hospital hired the current director of Wellness Program "D" to develop the wellness program.

All the other services now offered are an offshoot of the initial wellness program. A cardiac rehabilitation program was in place before development of the wellness program, however, its size has tripled since its incorporation into the wellness program. The Director has also developed pulmonary rehabilitation and health promotion education programs--smoking cessation, weight management, stress management and healthy cooking classes.

Wellness Program "D's" health club is much more than a fitness center. This medically supervised program of activities and information is designed to help anyone of any age achieve and maintain a healthy body and a healthy way of living.

#### Population Served

Approximately 1,804 individuals received wellness services through Wellness Program "D" in 1987. Of those 1,804 individuals, approximately 50% were from the community, 25% were hospital staff, 20% were from corporations/industry, and 5% were inpatients of the hospital.

The target population depends on the program. The health promotion education program is geared towards everyone--the community and corporate clients. Classes are held at Wellness Program "D's" facility for the community and at the work site for corporate clients. The occupation and sports rehabilitation program obviously targets people with industrial or sports-related injuries. The fitness center targets the middle aged or elderly person that is displaying symptoms of cardiovascular disease.

A new facility will open in April, 1988 with 70 cardiac patients, 50 orthopedic patients and 800 fitness members.

### Services

Services offered to individuals that participated in the program in 1987 are listed below.

- A screening program (health risk appraisal) was provided on a daily basis to a total of 120 participants at a cost of \$5.00.
- Clinical testing was provided on a daily basis for a total of 1,000 participants at a cost of \$35.00 to \$96.00.
- Preventive and/or rehabilitative cardiac clinics were held daily for a total of 260 individuals at a cost of \$12.00 per session.
- Sports and Occupational Medicine Services were provided on a daily basis to a total of 240 individuals at a cost of \$7.00 to \$15.00 per session.
- Nutritional counseling was provided daily for a total of 208 individuals at a cost of \$35.00 per hour.
- Stress Management classes were held monthly for a total of 148 participants at a cost of \$65.00 per class.
- Weight Control classes were held monthly for a total of 176 participants at a cost of \$95.00 per class.
- Smoking Cessation classes were held bi-weekly for a total of 1,400 participants at a cost of \$52.00 per class.
- Aerobic Dance classes were held on a daily basis for a total of 1,600 individuals at a cost of \$28.00 per month.
- Corporate Wellness Planning/On-site services were provided on a daily basis for a total of 600 individuals at a cost of \$50.00 per hour.
- Pulmonary rehabilitation services were provided daily for a total of 180 persons at a cost of \$12.00 per session.
- Special programs for diabetics, handicapped, and arthritic patients and mental health services were provided on a daily basis for a total of 200 individuals at a cost of \$5.00 to \$12.00 per session.

Under clinical testing, the general fitness profile consists of the following measures: aerobic power (usually measured by a stress test), body composition, blood pressure, musculoskeletal function (strength, endurance, and flexibility), lung function (vital capacity and forced expiratory volume at one second), blood chemistry (cholesterol, triglycerides and other tests), and a cardiac risk profile.

Pulmonary Rehabilitation is an inpatient/outpatient program designed to help patients with chronic lung disease. The program consists of three parts: education, exercise and follow-up care. The program is individually tailored to meet the needs of both patient and family.

The Occupation and Sports Rehabilitation program provides evaluative and restorative services for people with industrial or sports-related injuries. The program combines state-of-the-art computerized testing and rehabilitation services, in addition to work-related skills testing and work hardening exercise equipment. The program is staffed by registered physical and occupational therapists, an exercise physiologist, a community health education specialist and support personnel directed by an American Medical Association board-certified orthopedic surgeon.

The smoking cessation program is highly structured and offers a systematic approach to quitting. It em-



phasizes unlearning a habit and does not involve scare tactics. Wellness Program "D's" smoking cessation program helps smokers develop an individual plan of action to quit, introduces them to relaxation techniques, helps them identify their triggers, encourages exercise and helps devise ways to avoid weight gain. Smokers are expected to be off cigarettes by the third session. The focus of the program is positive, emphasizing the benefits to health, mastery of one's own life and changes in lifestyle.

The smoking cessation program is the most popular program in the corporate setting. The success rate of the program is high, with 51% of the participants remaining smoke free after one year.

The weight management program is an eight week course. The first week is spent doing testing and evaluation including hydrostatic weighing. During each class of the successive seven weeks, the first 40 minutes is lecture including motivational techniques, then participants spend the next hour exercising. Participants are encouraged to exercise at home and keep an exercise log. The average weight loss is 14 pounds.

It is difficult to measure the success of a stress management course. However, Wellness Program "D" does a follow-up on participants of stress management to find out how they liked the course and how they are doing.

Wellness Program "D" offers a variety of aerobics programs to accommodate all ages and degrees of fitness and flexibility. Special classes for expectant mothers, children, and older members are available at conveniently scheduled times.

Hydrotherapy will be offered in the new facility in 1988, especially for obese, arthritic, asthmatic, and physically handicapped individuals.

Wellness Program "D" offers four types of fitness memberships. All members sign a one year contract. The Executive Membership costs \$35.00 per month and gives the member access to all facilities during all hours of operation.

The Special Membership costs \$25.00 per month and gives the member access to all facilities but they are restricted as to the hours that they may use the facility--bypassing the busier times of day. This type of membership is mainly for the retired or elderly person who can come in at their discretion, for housewives, and for executives that can get away from work.

The Associate Membership costs \$15.00 per month. The Associate member can participate in the aerobic dance classes, can use the track and the swimming pool but are restricted from use of the weight equipment and the racquetball courts. The Associate member is also subject to the same time restrictions as the Special member.

The Social Membership allows participation in all educational programs and allows one to work out at a cost of \$5.00 each time he comes in. Members sign a one year contract.

#### Facility Data

Wellness Program "D" has two facilities. The main facility is located in the hospital and the other, which is a fitness center only, is located off site. The information provided the researcher regarding the facility is for the Wellness Program "D's" new main facility which will open in April, 1988. The facility has a total of 60,000 square feet and is located adjacent to the hospital. It has a capacity of 4,000 fitness members. The following are amenities of the facility:

- 1/10 mile indoor jogging track
- 2 indoor racquetball courts
- indoor 25 meter, 4-lane swimming pool
- 4,000 square foot exercise room containing Nautilus, Universal, Cybex, Orthotron, Hydrafitness, and free weight gym equipment; 8 Precor and Pacer treadmills, 10 stationary cycles (Lifecycle, Biocycle, Monark, Schwinn, Aerobicycle); rowers, stairmasters, Gravitrons, and Versa-climbers
- 1 outdoor tennis court
- 4,000 square foot carpeted group exercise area
- staffed nursery with a capacity of 30 children
- lockers and 8 showers for males and lockers and 8 showers for females

- fully equipped cardiopulmonary rehabilitation lab
- occupation and sports rehabilitation lab containing Cybex II +, Isostation Back Machine, and BTE Work Simulator
- 3 classrooms with a capacity of 30 persons each
- a conference room with a capacity of 300 persons
- pro shop
- delicatessen
- juice bar
- lounge
- offices

#### Organizational Structure/Government

Figure 5 on the following page is an informal diagram of the organizational structure of the staff of Wellness Program "D."

#### Personnel

##### Core staff

- 1 Director; Ed.D. in Exercise Physiology, ACSM certified Exercise Leader
- 1 Health Promotion and Education Supervisor; Registered Nurse
- 2 instructors under the Health Promotion and Education Supervisor
- 1 Cardiac Rehabilitation Supervisor; M.S. in Exercise Physiology, ACSM certified Exercise Leader
- a total of 6 nurses and instructors under the Cardiac Rehabilitation Supervisor

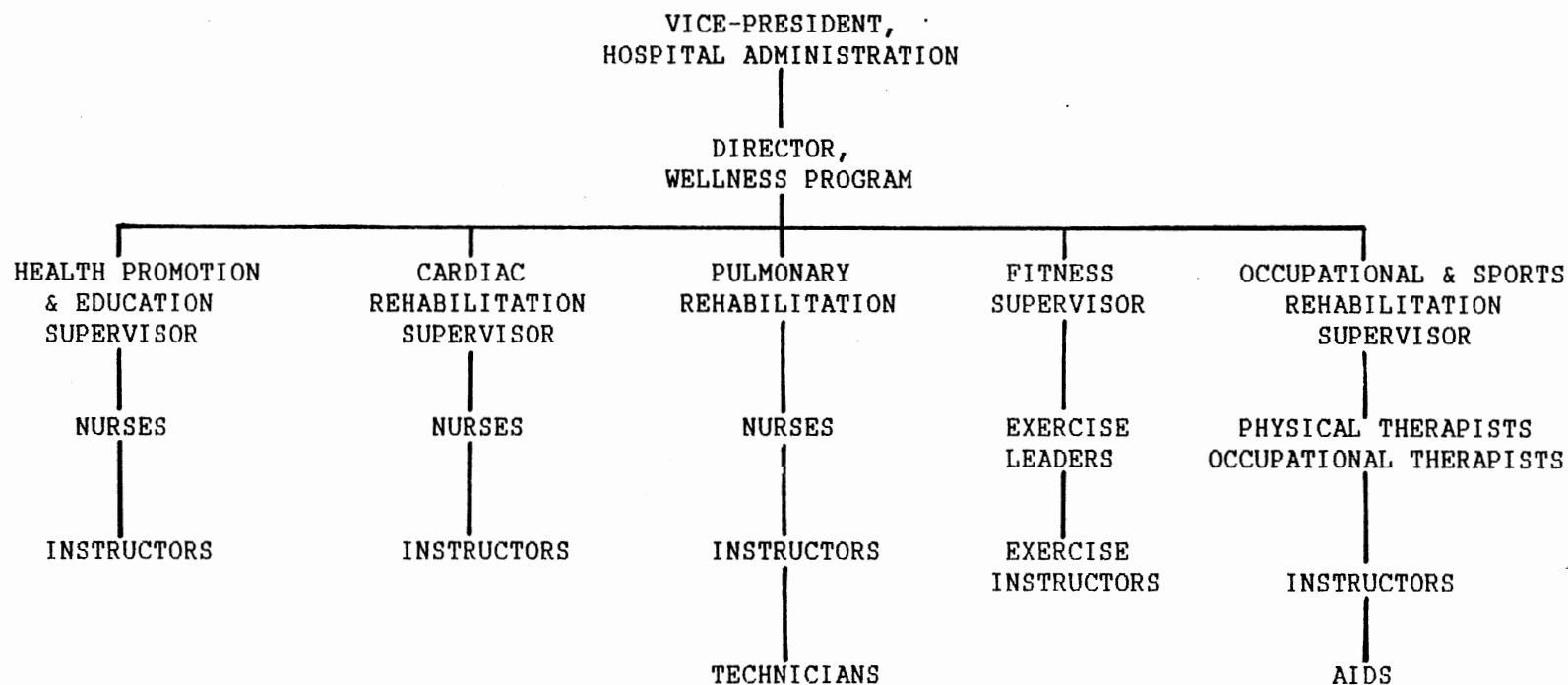


Figure 5. Informal organizational chart of the staff of Wellness Program "D."

- 1 Pulmonary Rehabilitation Supervisor; Registered Nurse
- 1 instructor and 1 technician under the Pulmonary Rehabilitation Supervisor
- 1 Fitness Supervisor; M.S. in Exercise Physiology, ACSM certified Exercise Leader
- 1 nurse, and a total of 14 exercise leaders and exercise instructors under the Fitness Supervisor
- 1 Occupation and Sports Rehabilitation Supervisor; Registered Physical Therapist
- a total of 7 physical therapists, occupational therapists, and instructors/aids

#### Student interns

- 1 undergraduate; no stipend
- 2 graduate; spend 80 hours per month in program; no stipend

#### Cost of Program/Funding

The estimated annual budget for Wellness Program "D" is \$1,000,000.00. One hundred percent of the income is generated by client fees.

#### Promotion/Marketing

The total marketing/promotion budget is estimated to be \$25,000.00.

Corporate and community health fairs along with other fairs and shows are promotional activities sponsored by Wellness Program "D." Membership referrals, price discounts and incentives, salespersons, newspaper

advertising, television advertising, billboard advertising, word of mouth, physician referrals, direct mailings, and speaking engagements have all been effective marketing strategies for Wellness Program "D."

Newspaper advertising seems to be the most effective marketing strategy for Wellness Program "D" with selective mailing and word of mouth being second most effective.

Physician referrals are also important sources of patients for Wellness Program "D." As new programs are opened physicians send patients that they are not sure how to treat. If the program is successful with those patients, many times the physician will send patients on a regular basis. Ultimately, if a good job is done doctors will refer patients to the program.

The programs are associated with a medical center that has been in place for a long time. Therefore, the representative feels that programs advertised under the umbrella of the medical center appeal to many prospective clients.

#### Relationship/Competition with Other Hospital-Based Wellness Programs

Information regarding this topic was not obtained.

## Description of Wellness Program "E"

### General Information

The representative for Wellness Program "E" stated that "wellness should include nutritional awareness, physical fitness, environmental sensitivity, stress awareness and management, all of which should evolve around self-responsibility."

Wellness Program "E" was founded in 1984. The idea for Wellness Program "E" was present for several years before a thoracic heart surgeon, who is now the administrative director of Wellness Program "E," thought that it was time to begin a program for prevention of heart disease as he saw the need for a program such as Wellness Program "E." The present director was asked to physically put the program together. The program grew by word of mouth and by selling the program in a corporate setting as annual physical examinations. The program was marketed and health screenings and runs were used to raise public awareness of the wellness program.

According to the representative, the people on the staff at Wellness Program "E" are what make the program. The staff shows warmth and sincerity for the entire patient population--no matter who they are or what their age. Everyone is treated the same at Wellness Program "E" and each patient is handled with particular care.



Each patient is special. Patients are encouraged to think of the staff as a group that can take care of any problem that might arise through their exercise and nutritional programs.

#### Population Served

Approximately 600 individuals received wellness services through Wellness Program "E" in 1987. Of those 600 individuals, approximately 60% were from the community, 35% were from corporations/industry, and 5% were hospital staff.

At first the 40 or 50 year old middle aged man who was at risk for heart disease was targeted. But, the representative has found that teenagers wanting to lose weight are wanting to participate, and that healthy elderly persons in their 70's and 80's want to participate to reassure themselves that they are healthy. Females comprise 25% of the population of clients and males comprise 75%. But since such a broad range of the population of the metropolitan area want the services Wellness Program "E" has to offer, the entire population of the metropolitan area is now targeted. In the future the program is looking toward expanding its target population to the entire State of Oklahoma and beyond.

### Services

Services offered to the individuals that participated in the program in 1987 are listed below.

- A screening program was provided on a daily basis for a total of 600 participants at a cost of \$395.00.
- Additional clinical tests were offered monthly to a total of 500-700 participants.
- Sports medicine services were provided to a total of 200 participants on a daily basis.
- Monthly weight control classes were held for 50 participants at a cost of \$25.00.

The screening process involves a complete physical examination, vision and hearing testing, pulmonary testing, complete blood Chem20 with lipid analysis, urine analysis and stool analysis, symptom limited graded exercise test with metabolic cart (metabolic cart is used if desired by patient), body composition, chest x-ray, abdominal and grip strength, and trunk flexibility testing.

The patient returns in two weeks at which time all results are described in detail. Nutritional guidelines are prescribed which are computer analyzed and assessed. Exercise is prescribed based on treadmill performance and examination process.

After three months the patients returns again at which time the Chem 20 with lipid profile, the treadmill test, body composition, abdominal and grip strength, and flexibility tests are repeated. Then new dietary and ex-

ercise prescriptions are given to the patient. Follow-up is done after nine months unless more specific monitoring is necessary.

Aerobic dance classes are now being offered.

Patients can choose to exercise at home, at a commercial club, or at Wellness Program "E" where the exercise sessions can be medically supervised.

Patients are referred to dieticians that teach weight management.

Stress management can be provided for corporations through a psychiatrist who is on staff with Hospital "E."

#### Facility Data

The facility for Wellness Program "E" has a total of 5,000 square feet and is located adjacent to the hospital. The program was moved to its present facility in May of 1987. The following are amenities of the facility:

- 500 square foot exercise room containing Cybex 12-station weight training circuit, 4 Precor treadmills, 8 stationary cycles (Biocycle, Monarch, Tunturi, and Fitron), 1 Concept II rowing ergometer, 1 NordicTrack cross-country ski machine, and 1 Stairmaster
- 500 square foot group exercise area
- lockers, 2 showers for males, and 2 showers for females
- 2 consultation rooms

Future plans are to expand the program by having a second shift to accommodate more patients. There are

plans to expand the program and the fitness center into a much larger and more diversified area and to bring in other specialists in addition to cardiovascular specialists.

#### Organizational Structure/Government

No systematic flow chart was provided the researcher.

#### Personnel

##### Core staff

- 5 part-time physicians; receive \$90.00 per patient
- 3 full-time and 1 part-time exercise physiologist; possess at least a masters degree; salary begins at \$25,000.00
- 1 full-time and 2 part-time dieticians; R.D. and L.D.; salary begins at \$22,000.00
- 3 full-time and 5 part-time nurses; R.N. and L.P.N.; salary begins at \$18,000.00

A student intern program is being established.

#### Cost of Program/Funding

Information regarding the annual budget of Wellness Program "E" was not made available. However, 40% to 60% of income is generated by client fees. The remainder of the budget is underwritten by Hospital "E." The representative does not foresee 100% of income generated by

client fees in the future. The representative stated that the price charged for the evaluations is low compared to medical costs in today's market.

#### Promotion/Marketing

Promotion/marketing budget information was not made available.

Health screenings and runs are among some of the promotional activities sponsored by Wellness Program "E." The program employs a part-time staff member in charge of marketing. The representative feels the marketing person is successful in marketing the program because she knows the people who are in the position of saying, "Yes, let's give it a try." Television advertising, word of mouth, and corporate contracts seem to be the most effective marketing strategies. A lot of credit is due the spokesperson for Wellness Program "E" who has brought in many new patients as a result of appearances in television commercials.

#### Relationship/Competition with Other

##### Hospital-Based Wellness Programs

The director of Wellness Program "E" has a good working relationship with directors of other hospital-based wellness programs in the metropolitan area. When

necessary, patients are referred to other programs that have services that Wellness Program "E" does not.

The representative does not see Wellness Program "E" in competition with anyone for dollars. However, he does feel that the hospitals in the area are fighting for public relations and image.

#### Description of Wellness Program "F"

##### General Information

The representative for Wellness Program "F" defines wellness as "people taking control over lifestyle--making choices, be it positive or negative."

Wellness Program "F" was started in 1976 when a group of physicians in the administration of Hospital "F" realized that medicine was going in a direction that would be changing dramatically in the next five years. This hospital wanted to be ahead of that change. It was decided that prevention was the direction the hospital needed to take. Now, the wellness program is a for-profit entity.

Wellness Program "F" is committed to helping people achieve healthier lifestyles through the fun of fitness. A variety of programs are available to reduce the risks of cardiovascular disease, improve overall fitness and enjoy an exercise program.

### Population Served

Approximately 18,000 individuals received wellness services through Wellness Program "F" in 1987. Of those 18,000 individuals, approximately 70% were government employees, 15% were from the community, and 15% were from corporations/industry.

The primary target population for Wellness Program "F" is divided into two groups, one is corporations and the other is individuals.

### Services

Wellness Program "F" has fitness programs for all ages. Lifestyle patterns begin at childhood, and Wellness Program "F" specialists are available to help adolescents and adults modify their behavior to include regular exercise and good nutrition.

A variety of wellness programs are available throughout the area. Health promotions are available for corporate consumers or individuals. Fitness programs can be tailored to meet the needs of company groups or individuals with a common fitness interest. Services offered to the individuals that participated in the program in 1987 are listed below.

- A screening program was provided on a daily basis to a total of 14,000 participants at a cost of \$5.00 to \$325.00. Eleven thousand of those participants were corporate employees.

- Nutrition counseling was provided on a daily basis to a total of 100 persons at a cost of \$35.00 to \$50.00.
- Self-study (stress management) classes were held for a total of 20 persons at a cost of \$35.00 to \$50.00.
- Weight control classes were held for a total of 250 persons at a cost of \$35.00 to \$75.00.
- Smoking cessation classes were held for a total of 250 persons at a cost of \$35.00 to \$75.00.
- Aerobic dance classes were held for 1,350 individuals at a cost of \$2.50 per session or \$40.00 per month.
- Employee assistance was provided to 2,000 individuals at a cost of \$20.00.

One type of screening program offered, the executive physical, is a unique preventive health program for people of all ages, shapes, and sizes. The screening involves a thorough medical and laboratory evaluation.

This initial examination consists of the following:

- Health history
- Physical examination by a physician
- Diagnostic treadmill stress test
- Chest x-ray (optional)
- Lung functional evaluation (spirometry)
- Hearing and vision tests
- Flexibility tests
- Anthropometric (body fat) measurements
- Urinalysis
- Stool occult blood test
- Blood analyses
  - Hemoglobin
  - Liver and kidney function tests
  - Uric acid
  - Glucose
  - Cholesterol
  - Triglycerides
  - HDL (high-density lipoproteins)
  - Thyroid profile

Within two weeks after the initial evaluation, one of Wellness Program "F's" exercise physiologists reviews



with the patient the results of each test. The exercise physiologist helps the patient establish health and fitness goals for the coming year and develops individualized and medically supervised exercise, nutrition, and lifestyle programs for the patient to follow so he can achieve his goals.

As a participant, the patient submits weekly activity reports which allow the exercise physiologist to monitor the patient's progress in select areas. The patient receives a computer printout each week which lets him know how he is progressing. The number of calories burned and the hours of participation is displayed on the printout.

Another type of screening offered, the personal fitness assessment, provides an individual fitness study and a personal exercise prescription.

The success rate of the smoking cessation program provided by Wellness Program "F" is as high as 82%-85% in some classes. This abnormally high success rate is due to the fact that only those who really want to quit smoking are allowed in the program and therefore participants are highly motivated.

Wellness Program "F" delivers about 70 aerobics classes per week to the worksite.

Another program offered by Wellness Program "F" is designed to meet the needs of pregnant and postpartum

women through a series of aerobic exercise sessions modified to enhance the childbearing experience. The sessions consist of 10 to 15 minutes of mini-lecture on various aspects of pregnancy and exercise. The exercise component includes 10 to 15 minutes of toning and warm-up, 30 minutes of aerobic activity, and 10 to 15 minutes of cool down activities. The final few minutes of each class are devoted to relaxation techniques.

Other available programs include good nutrition and back injury prevention. In addition, private consultations are available on all fitness and health topics.

Other health services include treadmill stress testing, health risk profiles, employee health surveys, seminars, health fairs, and a newsletter.

#### Facility Data

The facility for Wellness Program "F" has a total of 2,500 square feet of office space and is located in the hospital. This program does not have a fitness center. The representative of the program does not believe that four walls make people participate. He says that what is important is the program.

Many of the classes provided are held in other parts of the hospital or at the clients' worksite.

Organizational Structure/Government

Figure 6 on the following page shows the organizational structure of the staff of Wellness Program "F."

PersonnelCore staff

- 1 full-time director; possesses masters degree; annual salary range is \$35,000.00-\$60,000.00
- 3 full-time coordinators (aerobics/health promotion, executive physicals, and health promotion); possess bachelors degrees; annual salary range \$18,000.00-\$30,000.00
- 1 full-time office manager; salary range \$12,000.00-\$22,000.00
- 1 full-time director of sales; salary range is \$25,000.00-\$75,000.00

Personnel from other areas of the hospital

- 1 medical assistant; spends 3 hours per week on wellness program; wage range is \$5.00-\$10.00 per hour
- 2 phlebotomists; spend 2 hours per week on wellness program; wage range is \$5.00-\$10.00 per hour

Consultants

- 25 aerobic instructors; certified by Hospital "F"; work 1 to 10 hours per month in wellness program; wage range is \$8.00-\$12.00 per hour

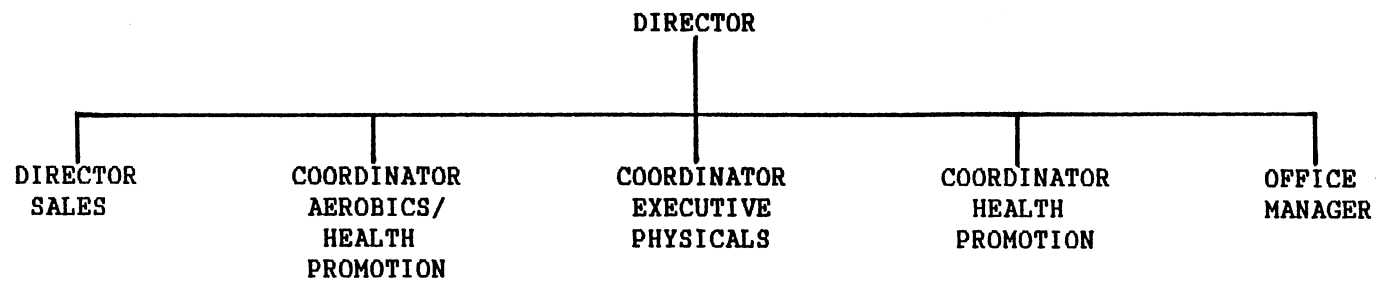


Figure 6. Organizational chart of the staff of Wellness Program "F."

Student interns

- 1 or 2 undergraduate; spend 160 hours per month on wellness program

Cost of Program/Funding

The estimated annual budget for Wellness Program "F" is \$615,000.00. One hundred percent of the income is generated by client fees.

Promotion/Marketing

The total promotion/marketing budget is \$35,000.00.

Wellness Program "F" is affiliated with Dr. Kenneth Cooper's Aerobic Center in Dallas; Healthline, a national network of hospitals engaged in health promotion; and Control Data Corporation's StayWell Program.

According to the representative of Wellness Program "F," one of the advantages of having a franchise is that it is developed by business for business. Also, the franchise brings 50 hospitals together and helps to give all these hospitals the same level of philosophy of listening to the corporate needs, rather than responding to the needs of the hospital. Consistency of delivery of programs and credibility are some of the other advantages of being with a Fortune 500 company. So, the representative believes the franchise gives Wellness Program

"F" a marketing advantage, a delivery advantage, and a mindset advantage.

A walking club, runs, a triathlon, and biathlons for children and adults are among the promotional activities sponsored by Wellness Program "F." This wellness program also supports area athletic groups.

Salespersons, newspaper advertising, word of mouth and physician referrals have been effective marketing strategies, where price discounts and incentives, television and billboard advertising, and direct mailings have not.

#### Relationship/Competition with Other Hospital-Based Wellness Programs

The representative of Wellness Program "F" views the relationship between hospital-based wellness programs as extremely competitive. He said that studies show that by the year 1995 there will be one less hospital in the metropolitan area where Wellness Program "F" is located.

The representative feels that Wellness Program "F" has essentially the same target population as other programs in the area and therefore he feels they are in competition with each other for dollars as well as for image.

## Summary

Throughout this section, a profile of each wellness has been presented. Tables I, II, and III summarize information gathered from personal interviews conducted with wellness program representatives, and identify the six hospital-based wellness programs used in this survey. An inspection of the tables will reveal the various differences and similarities found.

Wellness Program "A" is a natural outgrowth of Hospital "A's" outpatient cardiac rehabilitation unit. The facility has increased in size since its doors were first opened from 7,500 square feet to 19,500 square feet at the present time.

The facility accommodates hospital staff, community and corporate clients, targeting the middle to older adult population and special populations who want a safe place to exercise. Most all clients are members of the fitness club.

Wellness Program "A" offers health screening, supervised exercise, cardiac and pulmonary rehabilitation, and fitness memberships.

Wellness Program "B" was initiated by a physician who wanted to open a very diverse sports medicine clinic. Client population consists of hospital employees, corporate employees, the community, and especially profes-

**TABLE I**  
**SUMMARY OF INFORMATION FROM THE SIX HOSPITAL-BASED WELLNESS PROGRAMS**

	A	B	C	D	E	F
Year program founded	1978	1973-1974	1982	1984	1984	1976
No. of participants in 1987	1,200	6,000	1,500	1,804	600	18,000
% participants from community	70%	25%	50%	50%	60%	15%
% participants from corporations/industry	<5%	25%	30%	20%	35%	15%
% participants from hospital staff	25%	50%	20%	25%	5%	-0-
% participants from hospital inpatients	-0-	-0-	-0-	5%	-0-	-0-
% participants from government employees	-0-	-0-	-0-	-0-	-0-	70%
No. of facilities	1	3	1	2	1	1
Total area of main facility (s.f.)	19,500	5,000	17,477	60,000	5,000	2,500
Fitness Center	Yes	Yes	Yes	Yes	Yes	No
Estimated annual budget	\$354,000	\$450,000	\$2,012,500	\$1,000,000	NA	\$615,000



TABLE I (Continued)

	A	B	C	D	E	F
% income generated by client fees	>90%	100%	75%	100%	40%-60%	100%
1987 marketing/promotion budget	\$15,000	\$32,000	NA	\$25,000	NA	\$35,000
% budget allocated for marketing/promotion	4.2%	7.1%	NA	2.5%	NA	5.7%

TABLE II

## SUMMARY OF SERVICES OFFERED BY THE SIX HOSPITAL-BASED WELLNESS PROGRAMS IN 1987

	A	B	C	D	E	F
Screening program	Yes	Yes	Yes	Yes	Yes	Yes
Cardiac clinic	Yes	Yes	Yes	Yes	No	No
Sports medicine clinic	No	Yes	No	Yes	Yes	No
Nutrition counseling	Yes	Yes	Yes	Yes	Yes	Yes
Eating disorder counseling	No	No	No	No	No	No
Stress management classes	No	Yes	Yes	Yes	No	Yes
Weight control classes	Yes	Yes	Yes	Yes	Yes	Yes
Smoking Cessation Classes	Yes	Yes	Yes	Yes	No	Yes
Aerobic dance classes	Yes	Yes	Yes	Yes	No	Yes
Corporate on-site services	Yes	Yes	Yes	Yes	No	Yes

TABLE III  
SUMMARY OF FACILITY DATA OF THE SIX HOSPITAL-BASED WELLNESS PROGRAMS

	A	B <sup>b</sup>	C <sup>b</sup>	D <sup>b</sup>	E	F
Location	Adjacent	Adjacent	Adjacent	In hospital	Adjacent	In Hospital
Total area (s.f.)	19,500	5,000	17,447	60,000	5,000	2,500
Jogging track						
Indoor	390 ft.	No	1/8 mi.	1/10 mi.	No	No
Outdoor	1/4 mi.	No	No	No	No	No
Racquetball courts	2	-0-	-0-	2	-0-	-0-
Swimming pool	No	No	No	25 meter	No	No
Exercise room (s.f.)	8,000	1,000	Yes	4,000	500	-0-
Gym equipment	Yes	Yes	Yes	Yes	Yes	No
Treadills	8	1	8	8	4	-0-
Stationary cycles	14	6	13	10	8	-0-
Other exercise equipment	Yes	Yes	Yes	Yes	Yes	No
Outdoor tennis courts	4	-0-	-0-	1	-0-	-0-
Gymnasium	Yes <sup>a</sup>	No	No	No	No	No

TABLE III (Continued)

	A	B <sup>b</sup>	C <sup>b</sup>	D <sup>b</sup>	E	F
Group exercise area (s.f.)	2,000	400	600	4,000	500	-0-
Capacity of staffed nursery	-0-	7	-0-	30	-0-	-0-
Lockers	Yes	Yes	Yes	Yes	Yes	No
Showers for women	2	2	2	8	2	-0-
Showers for men	5	2	4	8	2	-0-
Saunas	1	1	-0-	-0-	-0-	-0-
Whirlpools	1	-0-	2	-0-	-0-	-0-
Laboratory	No	Yes	Yes	Yes	Yes	No
Classrooms	2	-0-	3	3	-0-	-0-
Pro shop	Yes	No	Yes	Yes	No	No
Food service	No	No	Yes	Yes	No	No

<sup>a</sup> Half court basketball.

<sup>b</sup> Information presented is for main facility.

sional, amateur and recreational athletes. Marketing studies show that most clients are between the ages 25 and 50 years old and are of the middle to upper income level.

Wellness Program "B" provides health screening, cardiac rehabilitation services, sports medicine services, aerobic dance classes, a variety of health promotion topics, corporate on-site services, aerobic instructors certification, and fitness memberships.

Wellness Program "C" began as a very small in-hospital program consisting mainly of cardiac rehabilitation. The program now has two locations serving community clients, corporate/industrial clients, and hospital staff. The target population is based upon geographical proximity to the two facilities.

Wellness Program "C" offers health screenings, preventive and/or rehabilitative cardiac clinics, aerobic dance classes, a variety of health promotion classes, and fitness memberships.

Wellness Program "D" was founded in order to launch a self-insurance plan for the hospital. A new, much larger facility will open in April, 1988 with a capacity of 4,000 fitness members. Of all the hospital-based programs surveyed, this will be the largest facility and it is the only one with a swimming pool.

Clients come from the community, corporations and industries, hospital staff, and inpatients of the hospital. The fitness center targets the middle aged or elderly person that is displaying symptoms of cardiovascular disease. However, through a wide variety of services offered, a broad sector of the population is served.

Services provided by Wellness Program "D" are the following: health screenings, cardiac and pulmonary rehabilitation, sports and occupational medicine services, health promotion classes, aerobic dance classes, corporate on-site services, and programs for special populations, including mental health services. Of all programs surveyed, this is the only one that offers occupational medicine services and aquatics classes.

Wellness Program "E" began as a program for prevention of heart disease. This is the only program, however, that does not identify itself as a "wellness" program.

In the beginning the target population was the male who was at risk for heart disease. Today the entire population of the State of Oklahoma is targeted, community and corporations/industries, along with the staff of Hospital "E."

Wellness Program "E" offers health screenings with follow up tests and counseling, and sports medicine services. Supervised exercise and aerobics classes are of-

ferred through the fitness center. The fitness center is a new addition which has been in existence less than one year.

Wellness Program "F" was founded because hospital administrators perceived that there would be a need for it in the future. This program provided services to the largest number of clients in 1987. Clients are government employees, corporate/industry employees, and members of the community, including adolescents as well as adults.

Wellness Program "F" provides health screenings, a variety of health promotion classes, aerobics classes, and employee assistance. This is the only program surveyed that does not have a fitness center.

#### Discussion

Of all the representatives surveyed, three were program directors, one director of development, one program manager, and one coordinator.

The representative of one of the six wellness programs surveyed stated that the program is primarily interested in offering programs that make the most money for the hospital. The other five wellness program representatives expressed a primary desire to meet the needs of the community. Ultimately, the researcher hopes that

the needs of the community and the needs of the hospital would be the same.

One of the challenges faced in wellness, according to Ardell (1985), is to reach the healthy young. It is the opinion of the researcher that a great number of healthy young can be reached through hospital-based wellness programs with programs geared toward that group. Two of the programs' fitness centers are specifically geared toward middle aged to older adults that may already be showing symptoms of cardiovascular disease or other illnesses. It is the author's opinion that those who are younger and apparently healthy now, may not be leading wellness lifestyles and could benefit from participation in a wellness program.

The services provided by the six wellness programs appear to be primarily aimed at the adult population. One program, however, offers behavior modification services to adolescents and another offers aerobic dance classes to children. Today many of the most serious illnesses are a product of our lifestyle patterns. These patterns begin to develop at a very young age (Edlin & Golanty, 1982). It is the opinion of the author that hospital-based wellness programs can play an important role in establishment of wellness lifestyle patterns in children and adolescents.



The cost and possibly the accessibility of programs and services also limits the population of participants in these wellness programs. Ardell (1985) emphasizes that the major challenge faced in wellness is the need to make wellness information and wellness programs available and attractive to all sectors of society. Hospital-based wellness programs are reaching the lower socio-economic sector, to some extent, through free cholesterol screenings and possibly through corporate/industrial wellness programming. Within the wellness community, however, there still remains the challenge to develop "health enriching values and behaviors that are entertaining, substantive, accessible, and appealing to those who need wellness the most" (Ardell, 1985, p. 52). Those who need wellness the most come from all sectors of society.

It appears that most program offerings, such as cardiac, pulmonary, sports, and occupational rehabilitation, sports injury clinics, smoking cessation, and weight loss, are rehabilitative in nature. Only two healthy eating classes, one parenting skills class, and one family planning service was offered. These three services are preventative in nature. Exercise programs for the apparently healthy, nutrition counseling, and health screenings can be preventative in nature and are offered by all six wellness programs. It is the opinion of the author that wellness lifestyles should be adopted before

physical signs of illness are present and that this can be made possible through hospital-based preventative wellness programming.

Among the six wellness programs, much emphasis is put on the physical component of wellness. However, positive wellness and longevity also come from having intimate social ties such as marriage, close friendships, and social and church membership (Berkman & Syme, 1979). It is the opinion of the researcher that the six wellness programs seem to be lacking in the provision of mental wellness services.

Program representatives expressed differing opinions as to whether they perceived their wellness program in competition for dollars with other hospital-based wellness programs and commercial fitness centers. However, all agreed that hospital-based wellness programs do compete for hospital image.

Health fairs and events such as runs are used to increase public awareness. Word-of-mouth seems to be the most effective marketing strategy for all wellness programs.

From the definitions, models, and components reported in the literature and identified in this study, one can recognize the all-encompassing concept of wellness. However, the hospital-based wellness programs used in this study seemed to be lacking. This may be the

result of program goals and young programs, wherein depth will be added as the programs mature and our understanding of wellness becomes greater. It is the author's opinion that hospital-based wellness programs need to work toward this expansion of the wellness concept with the program design to truly be identified as wellness programs. Wellness, however, is a process of setting goals, reaching those goals, and then setting new ones. It can be viewed as a continuum with basic physical health leading to emotional well-being and high level wellness. Everything a wellness program does within all the different components is a part of wellness and ultimately may lead to a higher level of wellness.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

The purpose of this investigation was to describe the hospital-based wellness programs in six major metropolitan hospitals located in Oklahoma City, Oklahoma and Tulsa, Oklahoma.

Since the inception of the first hospital-based wellness program in Oklahoma in 1973, hospital-based wellness programs have grown and expanded. The majority of these programs began as narrowly focused cardiac rehabilitation units. Since the first hospital-based wellness program began in 1973, five other programs have come into existence in Oklahoma and services have been expanded to include occupational, sports, pulmonary and cardiac rehabilitation, health promotion classes, health screenings, and medically supervised exercise.

The target population of the six wellness programs is the middle class, middle aged to older adult. According to Ardell (1985) the major challenge in wellness is to reach all sectors of society, including healthy per-

sons, children and adolescents, and low socioeconomic groups.

The majority of the program offerings are rehabilitative in nature. It is the author's opinion that preventative lifestyles should be adopted before physical signs of illness are present and that this can be made possible through hospital-based preventative wellness programming.

Among the six wellness programs surveyed, much emphasis is put on the physical component of wellness. It is the opinion of the researcher that these programs are lacking in the provision of mental wellness services.

### Conclusions

The results of this study indicated to the researcher that there were differences among various components of the wellness programs. These differences were found in the population served; the variety of services offered; cost of services; number, size, and amenities of facilities; the budget; the organizational structure of the program, and the staff.

A total of 29,104 individuals throughout the State of Oklahoma were reached by the six hospital-based wellness programs in 1987. The size of wellness program facilities ranged from as little as 2,500 square feet to as much as 60,000 square feet. The percent of income

generated by client fees ranged from 40% to 100%. Budgets ranged from \$354,000.00 to \$2,012,500.00. Marketing/promotion budgets for 1987 ranged from \$15,000.00 to \$35,000.00.

The number of staff members ranged from 4 full-time and 10 part-time persons to 26 full-time and 1 part-time persons. Two of the wellness programs supplement staff with hospital personnel. Five of the six program directors possess masters degrees, while the other possesses an Ed.D.

Health screenings, aerobic dance classes, weight control classes, and nutrition counseling are services that all six wellness programs have in common. All wellness programs, with the exception of Wellness Program "F," have a fitness facility with weight equipment and an aerobic exercise area.

Each program provided services to the community as well as to corporate clients.

Three hospitals are increasing their revenue base with their wellness programs, while three other hospitals are putting money into their wellness programs.

#### Recommendations

Further study of hospital-based wellness programs should be pursued to determine if the goals of these

programs are in line with philosophical goals for wellness.

Also, further study of hospital-based wellness programs could be done in more detail by studying only one component of wellness at a time, such as physical fitness.

Replicate this study to determine the significant changes which have occurred since 1987 in the hospital-based wellness programs in Oklahoma City, Oklahoma and Tulsa, Oklahoma. It is recommended that the wellness program director only be interviewed in each case.

Replicate this study with hospital-based wellness programs in other states.

Research could be done to determine if the provision of wellness services for hospital staff reduces absenteeism.

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## APPENDIXES

APPENDIX A  
INSTRUMENT

Questionnaire for Hospital-Based  
Wellness Programs in the  
State of Oklahoma

I. General Information:

1. Identify the hospital. \_\_\_\_\_
2. What is the title of the wellness program?  
\_\_\_\_\_
3. Who is the program director? \_\_\_\_\_  
\_\_\_\_\_
4. Give name and title of person being interviewed  
if other than program director.  
\_\_\_\_\_
5. In what year was the program founded? \_\_\_\_\_
6. What is your definition of wellness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you have written goals or a mission  
statement? \_\_\_\_\_ If so, please provide a copy.

II. Population Served:

1. What is the total number of individuals that  
received wellness services through your program in 1987?  
\_\_\_\_\_
2. Estimate percentage of people served in the  
following groups:
 

_____ community	_____ corporations/industry
_____ hospital staff	_____ other _____

### III. Services:

Please complete the table below.

SERVICE*	# PARTI- CIPANTS PER YEAR	COST TO PARTICI- PANT	WHEN OFFERED Daily, wkly, monthly, etc
Screening Program			
Additional Clinical Tests			
Preventive and/or Rehab. Cardiac Clinic			
Sport Medicine Clinic			
Nutrition Counseling			
Eating Disorder Coun- seling			
Stress Management Class			
Weight Control Class			
Smoking Cessation Class			
Aerobic Dance Class			
Corporate Wellness Plan- ning/On-site Services			
Other			
Other			

\*Please provide brochures and flyers on services, if available.

### IV. Facility Data:

Please indicate whether your program has the following facilities by putting a check mark in the blanks provided. Also, fill in any other blanks requesting further information.

1. Total square feet. \_\_\_\_\_
2. Location: \_\_\_ In hospital \_\_\_ Adjacent  
\_\_\_ Offsite
3. \_\_\_ Jogging Track  
\_\_\_ Indoor \_\_\_\_\_ Length  
\_\_\_ Outdoor \_\_\_\_\_ Length

4. \_\_\_ Racquetball/handball Courts  
     \_\_\_ Indoor \_\_\_ How many  
     \_\_\_ Outdoor \_\_\_ How many
5. \_\_\_ Swimming Pool  
     \_\_\_ Indoor \_\_\_ Length \_\_\_ No. of Lanes or  
         \_\_\_ Size  
     \_\_\_ Outdoor \_\_\_ Length \_\_\_ No. of Lanes or  
         \_\_\_ Size
6. \_\_\_ Exercise Room \_\_\_ Square Feet?  
     \_\_\_ Isotonic Gym Equipment \_\_\_ Brand  
     \_\_\_ Isokinetic Gym Equipment \_\_\_ Brand  
     \_\_\_ Treadmills \_\_\_ Number \_\_\_ Brand  
     \_\_\_ Stationary Cycles \_\_\_ Number \_\_\_ Brand  
     \_\_\_ Other \_\_\_\_\_
7. \_\_\_ Tennis Courts  
     \_\_\_ Outdoor \_\_\_ Number \_\_\_ Lighted  
     \_\_\_ Indoor \_\_\_ Number
8. \_\_\_ Gymnasium
9. \_\_\_ Group Exercise Area  
     \_\_\_ Square Feet  
     \_\_\_\_\_ Surface
10. \_\_\_ Staffed Nursery \_\_\_ Capacity
11. \_\_\_ Lockers \_\_\_ No. Showers for Males  
     \_\_\_ No. Showers for Females \_\_\_ Saunas  
     \_\_\_ Whirlpool
12. \_\_\_ Laboratory \_\_\_ Square Feet  
     Equipment Description \_\_\_\_\_  
     \_\_\_\_\_
13. \_\_\_ Classrooms \_\_\_ Number of Rooms \_\_\_ Capacity
14. \_\_\_ Other \_\_\_\_\_
15. \_\_\_ Pro Shop
16. \_\_\_ Food Service







## 4. STUDENT INTERNS

CLASSIFI- CATION OF STUDENT	# OF POSI- TIONS	# HOURS PER MONTH	STIPEND
Under- graduate			
Graduate			
Post Doc. Ph.D./Ed.D			
Post Doc. M.D.			

## 5. VOLUNTEERS

TITLE	# OF POSI- TIONS	# HOURS PER MONTH	QUALIFICA- TIONS

VII. Cost of Program/Funding:

1. What is estimated total budget for the wellness program on an annual basis? \_\_\_\_\_

2. Estimate the percentage of income that is generated by client fees? \_\_\_\_\_

VIII. Promotion/Marketing:

1. What is the total marketing/promotion budget?

\_\_\_\_\_

2. Is the wellness program, or a part of it, operated as a franchise? \_\_\_yes \_\_\_no If so, which one?

\_\_\_\_\_

3. List promotional activities sponsored by your program, such as health fairs, fun runs, and running clubs.

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4. Please complete the table below by checking the box which most accurately indicates the effectiveness of each of the following marketing strategies.

- 1 - Effective
- 2 - No Opinion
- 3 - Not Effective
- 4 - Not Applicable

MARKETING STRATEGY	1	2	3	4
Membership Referral Program				
Price Discounts & Incentives				
Salespersons				
Newspaper Advertising				
Television Advertising				
Billboard Advertising				
Word of Mouth				
Physician Referrals				
Direct Mail				
Other				
Other				

APPENDIX B

INTERVIEW QUESTIONS

1. How did your program get started?
2. Describe your target population.
3. What is the attrition rate among members?
4. What does your screening/clinical program entail?
5. How would you describe the success rate of programs such as weight control and smoking cessation?  
  
Describe methods used in these programs (commercial or your own).
6. (If franchise) How effective has the program been?  
  
What are advantages and disadvantages in having a franchise?
7. What is the intent of the fee/expense ratio of the budget?
8. What changes have been made in the facility since its opening?  
  
What changes are planned for the facility in the near future?
9. What changes in equipment would you make? (brands, types, floor surface, etc.)
10. What changes are planned for personnel and in what areas?
11. How would you describe the relationship of your program with other hospital-based wellness programs? (Do you see your program in competition with other local hospital-based wellness programs?)
12. Do you have any other information you would like to contribute?

APPENDIX C

CORRESPONDENCE

Dear Wellness Program Representative:

As per our telephone conversation, I am confirming our appointment on February 10, 1988 at 2:00 p.m.

You will find enclosed a questionnaire which contains most of the information needed for this study. The questionnaire should be completed before our meeting. Also enclosed is an informed consent form which will need to be signed before the interview begins.

Our meeting should take less than one hour to discuss the needed information. I am looking forward to meeting you and learning about your wellness program. If you have any questions please feel free to contact me during the day or evening at my home (405) 377-6976. Thank you for your cooperation.

Sincerely,

Julie Riera

Enclosures

APPENDIX D

INFORMED CONSENT



### Informed Consent

The primary purpose of this investigation is to describe six hospital-based wellness programs in Oklahoma City and Tulsa, Oklahoma. The description is to include information pertaining to the following: general information, population served, services offered, facilities, organizational structure/government, personnel, cost of program/funding, and promotion/marketing.

Personal interviews will be conducted and taped to obtain the above mentioned information. From the data gathered, a description of hospital-based wellness programs will be constructed. The identity of each program will be held confidential and no program will be named in the report.

The information gathered from this study should contribute to the understanding of the operations and components of wellness programs.

A copy of the report will be made available to you if you desire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

APPENDIX E

VALIDATION COMMITTEE

## VALIDATION COMMITTEE

Betty Edgley, Ed.D.  
Associate Professor of Health, Physical Education and  
Leisure Services  
Oklahoma State University

Mac McCrory, Ed.D.  
Adjunct Assistant Professor of Health, Physical Education  
and Leisure Services  
Oklahoma State University

James Rogers, Ph.D.  
Professor of Health, Physical Education and Leisure  
Services  
Oklahoma State University

VITA 2

Julie Wynne Riera

Candidate for the Degree of  
Master of Science

Thesis: A DESCRIPTIVE STUDY OF SIX HOSPITAL-BASED  
WELLNESS PROGRAMS IN OKLAHOMA

Major Field: Health, Physical Education, and Recrea-  
tion

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma,  
December 23, 1960, the daughter of Mr. and  
Mrs. Jerald Ashby.

Education: Graduated from Putnam City High  
School, Oklahoma City, Oklahoma, in May,  
1979; received Bachelor of Science degree in  
Physiology from Oklahoma State University in  
December, 1984; completed requirements for  
the Master of Science degree at Oklahoma  
State University in May, 1988.